

Nebraska Health & Human Services System

Strategic National Stockpile Plan and Operating Guide

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770-488-7100

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E_ Intentionally Blank

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Primary Responsibility:

Policy Cabinet, ESF-8, ECC Manager

Potential Support Programs:

NEMA, Roads, Guard, State Patrol, Game & Parks,

I. Introduction***A. Purpose***

The purpose of this standard operating guide (SOG) is to provide HHSS with a standard guide that will facilitate the request for the Strategic National Stockpile, and preparation for its arrival. Once completed, the checklist also serves as documentation of the tasks/activities carried out in support of emergency operations.

B. Scope

1. This SOG consists of a checklist for information requested by the CDC prior to sending the Strategic National Stockpile.
2. This SOG contains steps that should be taken to prepare the Receiving, Staging and Storage (RSS) site for the arrival of the SNS Push Package and Managed Inventory.
3. This SOG does not in any way preclude NEMA or other designated agencies from taking additional steps/activities in meeting operational or incident specific needs.
4. The type or progression of an incident could necessitate the ECC Activation Level changing multiple times between one or more levels. This SOG includes steps up to the arrival of the Push Package.

5.

II. Operational Levels

The Nebraska Health & Human Services System has established four Emergency Operation Levels and a Deactivation Level. Each level has a minimum suggested staffing level, but actual staffing will be determined by the nature of the event. The SNS necessitates the activation of Levels 4.

A. Level 4

The event requires a significant response from the HHSS and has resulted in, or has the potential to result in a significant number of ill persons and/or loss of life.

It is likely to result in a Presidential Disaster Declaration. The ECC or BT Operations Center is fully activated for the duration of the event. The RSS staff is activated until local hospitals and health departments no longer rely upon supplies provided by the Push Package or Managed Inventory.

B. Deactivation

Response operations are terminating and recovery operations are beginning. The RSS site remains active until local hospitals and health departments no longer rely upon supplies provided by the Push Package or VMI. The ECC continues to assist local operations and coordinates missions to restore the situation to normal. NEMA is responsible for coordinating the recovery actions of the State with Federal agencies. Recovery activities may be coordinated from the BT Operations Room. Staffing and hours of operation are determined by the nature of the event.

III. Concept of Operations

- A.*** The Policy Cabinet, ECC Manager, ESF-8 or their designees will, based upon the situation, determine the need to request the Strategic National Stockpile Push Package or Managed Inventory.
- B.*** Based upon the situation, the Policy Cabinet, ECC Manager or ESF-8 will notify NEMA and advise them as to the decision to request the SNS.
- C.*** Once notified, the ECC Manager, ESF-8 liaison, and RSS Manager should proceed to the appropriate location (BT Op's room, ECC, SEOC or RSS) and complete the tasks and/or activities identified in the necessary SOG's..

IV. Instructions for Completing the Activation and Deactivation Checklist

- A.*** Record the Date and Time the Task/Activity was completed.
- B.*** The person completing the Task/Activity should record their initials next to the Task/Activity that they completed.
- C.*** Record new or additional tasks, under the appropriate SNS activation activity in the blank spaces provided. After the incident, revise the checklist as necessary.
- D.*** Provide a copy of the completed SNS Activation SOG to NEMA.
- E.*** Retain a copy of the completed SNS Activation SOG for documentation of activities conducted by NHHSS.

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Operational Level 4*Activities are not necessarily sequential, and many may occur concurrently.*

√	Task / Activity	Date/Time Completed	Position Assigned	
ECC STAFF ACTIVITIES				
	Maintain a chronological event log of all SNS activation activities/operations [<i>Admin and ECC Manager</i>]			
	Document incoming and outgoing communications. [<i>All Staff</i>]			
	See the attachment to this SOG for the CDC guidelines for SNS "Request Justification." [<i>ECC Manager, CMO, DCMO, ESF8</i>]			
	In conjunction with the NEMA Assistant Director, contact the Governor to recommend requesting the SNS Push Package, MI, or both [<i>Chief Medical Officer, Deputy Chief Medical Officer or Director of Regulation & Licensure</i>].			
	Be prepared to answer the following questions from CDC when requesting the SNS (additional items and SNS request algorithm are on the last page of this SOG. <input type="checkbox"/> What is the number of current casualties? <input type="checkbox"/> What are the projected needs considering the population of the area (including transients) and possible infections versus non-infections? <input type="checkbox"/> Presence of an identifiable coordinated SNS annex to the state or local terrorism response plan? <input type="checkbox"/> What is the current hospital capacity including ICU beds and ventilator needs? <input type="checkbox"/> What state and local resources have been identified including pharmacy distributors, oxygen availability, other nearby hospitals and in-state alternative care centers?			
	Determine the city and site for delivery of the Push Package and/or MI [<i>CMO, DCMO, NEMA Assistant Director, and/or RSS Manager</i>].			
	Initiate the HHSS Call down list to activate the RSS and ECC staff [<i>ECC Manager and RSS Manager</i>].			
	Notify the following organizations of the SNS request			

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	<input type="checkbox"/> Local Health Departments and Hospitals [<i>HAN Coordinator</i>]			
	<input type="checkbox"/> Cooperating Trucking Companies [<i>Logistics Coordinator and/or NEMA</i>]			
	<input type="checkbox"/> Army National Guard, Dept of Roads and State Patrol [<i>ESF-8 and/or NEMA</i>]			
	Activate phone, and computer set-up of the RSS [<i>Tactical Communications Unit</i>].			
	Notify the Nebraska antibiotic stockpile holders and/or vaccine stockpile holders and prepare Cottage 3 for RSS and ECC worker vaccination/prophylaxis if applicable [<i>Medical Response Chief and ESF-8</i>].			
	Contact DAS for van transportation of RSS site workers [<i>Logistics Chief</i>].			
	Complete NEMA Incident Status Report (OMS-1) [<i>Administrative Unit</i>].			
	Determine staff needed for the ECC and establish a 24 hour shift schedule [<i>Logistics Chief – Personnel Unit</i>].			
	Determine the staff needed in the RSS and establish a 24 hour shift schedule [<i>Logistics Chief – Personnel Unit</i>].			
	Calculate apportionment of SNS material (<u>prophylaxis and medical supplies</u>) for each Local Health Department. Provide information to RSS Inventory Lead or enter into Stockpile Inventory Program [<i>ECC Manager, Planning Chief, Operations Chief, Epidemiologist</i>].			
	Contact Local Health Departments to confirm shipping addresses to their Hubs and Subhubs. Provide information to RSS Inventory Lead [<i>LHD Liaison</i>].			
	Provide list of RSS worker names to National Guard and State Patrol [<i>Personnel gives to ESF8 who provides to ANG and NSP</i>]			
	Notify LHD's when their shipment is leaving the site and the estimated time of arrival [<i>LHD Liaison</i>]			
	Notify DAS Dept of Communication of the need for their communications package [<i>Tactical Comms</i>]			

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RSS STAFF ACTIVITIES

	Obtain from the ECC: <ol style="list-style-type: none">1. Prophylaxis2. ECC Phone numbers and Radio Channels from the Operations Chief3. Containers with position specific material (RSS Manager, Pickers, Admin, Inventory, and Tactical Comms)4. Briefing on the situation status from the ECC Manager or Operations Chief <i>[ECC Manager and Deputy Manager and Tactical Comms]</i>			
	Site Setup: <ol style="list-style-type: none">1. Outline the placement of the Push Package2. Set out materials for workers provided in labeled containers3. Coordinate with Logistics to assure food and water are being provided4. Plug in and charge all communication equipment (radio's, computers, etc) <i>[ECC Manager and Deputy Manager and Tactical Comms]</i>			
	Upon arrival of RSS staff, provide a briefing that includes the following: <ol style="list-style-type: none">1. Description and walkthrough of the site setup including rest, food/water and restroom areas2. Explanation of the paperwork process3. Review of the container placement and picker flow4. Safety vests are required5. Provide copies of individual job descriptions <i>[ECC Manager or designee]</i>			
	Read and follow job descriptions provided by the RSS Manager <i>[All staff]</i>			
	Provide updates to the Operations Chief and LHD Liaison on the status of orders <i>[Admin]</i>			
	Provide the ECC with departure times for each LHD shipment, and the estimated time of arrival <i>[Administrative Assistant]</i>			

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ATTACHMENT A
JUSTIFICATION FOR REQUESTING THE SNS

The following list provides justification for the SNS request...

- Overt release of a chemical or biological agent
- Claim of release by intelligence of law enforcement
- Indication from intelligence or law enforcement of a likely attack
- Clinical or epidemiological indications
 - Large number of ill persons with similar disease or syndrome
 - Large number of unexplained disease, syndrome, or deaths
 - Unusual illness in a population
 - Higher than normal morbidity and mortality from a common disease or syndrome
 - Failure of a common disease to respond to a usual therapy
 - Single case of disease from an uncommon agent
 - Multiple unusual or unexplained disease entities in the same patient
 - Disease with unusual geographic or seasonal distribution
 - Multiple atypical presentations of disease agents
 - Similar genetic type in agents isolated from temporally or spatially distinct sources
 - Unusual, genetically engineered, or antiquated strain of the agent
 - Endemic disease or unexplained increase in incidence
 - Simultaneous clusters of similar illness in non-contiguous areas
 - Atypical aerosol, food, water transmission
 - 3 people presenting the same symptoms near the same time
 - Deaths or illness among animals that precedes or accompanies human death
 - Illnesses in people not exposed to common vent systems
- Laboratory results
- Unexplainable increase in emergency medical service requests
- Unexplained increase in antibiotic prescriptions of over-the-counter medication use

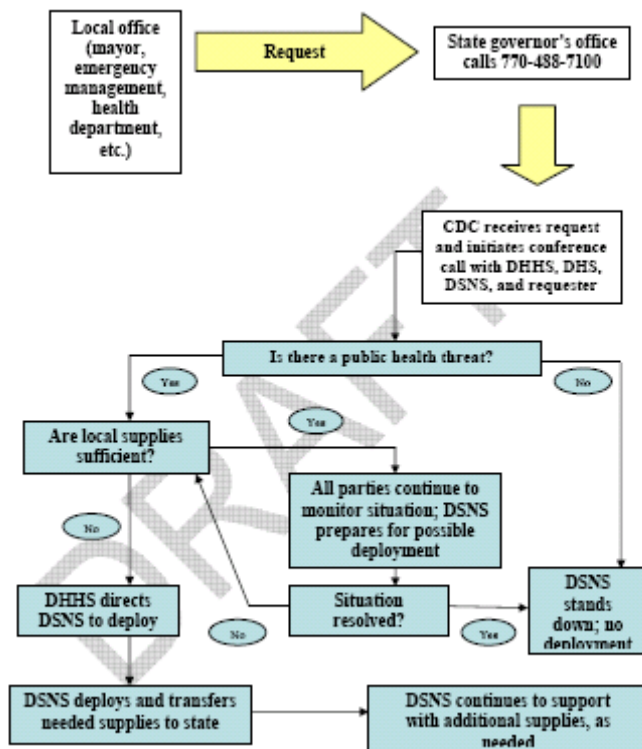
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Nebraska Health & Human Services System

Strategic National Stockpile Plan of Operations

Strategic National Stockpile Reception & Distribution Plan for Nebraska

- 1. *PURPOSE OF THE PLAN***
- 2. *STATE AND LOCAL AGENCY RESPONSIBILITIES***
- 3. *PRIOR TO ARRIVAL***
- 4. *COMMAND & CONTROL***
- 5. *REQUESTING THE STRATEGIC NATIONAL STOCKPILE***
- 6. *MANAGING THE SNS OPERATIONS***
- 7. *RECEIVING, STAGING AND STORAGE OF SNS MATERIEL***
- 8. *INVENTORY CONTROL***
- 9. *MANAGING SUPPLIES OF ORAL PROPHYLACTIC MEDICATIONS***
- 11. *DISPENSING ORAL DRUGS***
- 12. *COORDINATION WITH TREATMENT CENTERS***
- 14. *PUBLIC INFORMATION***
- 15. *TACTICAL COMMUNICATIONS***
- 16. *SECURITY SUPPORT***
- 17. *PREPARE, TRAIN, EXERCISE AND EVALUATE***

Strategic National Stockpile Reception & Distribution Plan for Nebraska

Coordinating Agency: NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

1. PURPOSE OF THE PLAN

If a terrorist attacks using a weapon of mass destruction (chemical, biological, radiological, nuclear, or explosive) or a major natural disaster or technological accident occurs in Nebraska, state and local resources will be quickly activated to protect our citizens. More than likely, State or local agencies will quickly run out of essential drugs and medical supplies. In 1999, Congress anticipated this situation. It established the Strategic National Stockpile Program and assigned it the mission of providing large quantities of essential medical items to states and communities during an emergency.

This plan is a guide for the Nebraska Health & Human Services System and other state and local agencies that would use the Strategic National Stockpile. The plan is meant to be a living document. In that, this plan needs to be updated every 6 months to assure current contact information is contained herein.

In summary, the Strategic National Stockpile Reception & Distribution Plan For Nebraska is meant to do the following....

- A. To provide for coordinated measures and procedures for receipt, storage, transportation, dissemination and recovery of Strategic National Stockpile (SNS) materials in the event of a chemical, biological, radiological, nuclear or explosive weapon of mass destruction incident in Nebraska.
- B. To generate immediate and appropriate local, State and Federal measures to eliminate the crisis and minimize the consequences in order to return the residents of the State of Nebraska to a pre-incident health status.
- C. To define the roles and responsibilities of the NHHSS, other state agencies and organizations, and local agencies and organizations in the event of an incident that requires the use of the SNS.

IMPORTANT: ITEMS LOCATED IN THE APPENDICES ARE REQUIRED TO BE UPDATED EVERY 6 MONTHS. UPDATES TO THIS DOCUMENT WILL BE PROVIDED IN PAPER AND ELECTRONIC FORMAT TO LOCAL HEALTH DEPARTMENTS, THE NEBRASKA EMERGENCY MANAGEMENT AGENCY, NHHSS POLICY CABINET, ESF-8 COORDINATORS AND CDC. ELECTRONIC COPIES WILL BE PROVIDED TO WORKERS INVOLVED IN NHHSS RESPONSE TO EMERGENCY MANAGEMENT.

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2. STATE AND LOCAL AGENCY RESPONSIBILITIES

A. NHHSS

- 1) Provide NEMA with an ESF 8 coordinator responsible for the planning and coordination of bio-terrorism response and SNS interface.
- 2) Provide officials who are authorized to sign for the receipt of SNS assets.
- 3) Designate, by authority of the Governor, persons who will take responsibility for, and control of, SNS assets once they are transferred to State control.
- 4) Identify personnel (and their duties) that will be at the airfield to meet the SNS. (Trucked in, not flown.)
- 5) Develop a plan for allowing a local agency or MMRS to sign for the SNS. Develop a list of approved agencies and officials (by name and title).
- 6) Identify and designate a DEA registrant (and backup) to sign for receipt of SNS controlled substances.
- 7) Establish procedures for the handling and storage of SNS controlled substances. Coordinate procedures with DEA field office and Nebraska National Guard official(s).
- 8) Maintain the list of all designees for the SNS, including those for controlled substances. Provide copies of this list, along with changes, to the Center for Disease Control.
- 9) Develop a plan for tracking SNS assets that includes:
 - a. A spreadsheet or database to track the type and quantity of SNS assets that will be sent to various casualty-treatment centers and PEP dispensing sites.
 - b. A process to account for both symptomatic and asymptomatic patients.
 - c. A determination of which entities will keep records.
 - d. Development of a notification callback system.
- 10) Develop a plan component addressing the recovery of reusable SNS assets (i.e., ventilator, Vacicool containers and portable suction units) and all SNS air cargo containers that carried assets in the local BT response distribution process.
- 11) Prepare contingency plans for each of the four SNS release scenarios (Biological event/many symptomatic patients; Chemical/nerve agent event with patients; Biological event/handled locally; and, biological event/few, if any, symptomatic patients) and their storage and transport requirement, specifically developing a system to enable central command to:
 - a. Identify all sites where casualties are currently receiving care.
 - b. Obtain a count of casualties under care at each site.
 - c. Assemble an estimate of casualties en route and likely to be directed to each treatment site.
 - d. Determine any unusual types or amounts of IV drugs or medical material each site may need. Translate this data into specific orders for distributing SNS medical material and IV drugs or nerve agent antidote.
- 12) Develop a contingency plan that accounts for the 4 SNS release scenarios and their storage requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:
 - a. Give ready access to a 10,000 sq. ft., temperature-controlled storage facility.
 - b. Provide security that includes limiting access only to authorized personnel and identify who is authorized.
 - c. Address environmental concerns (i.e., clean and dry and kept at 58-86 degrees F), and that this is checked periodically for compliance.
- 13) Develop a contingency plan that accounts for the 4 SNS release scenarios and their local transportation requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:
 - a. Provide cargo vehicles capable in number and size to move IV drugs to storage or treatment sites.

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- b. Ensure that necessary equipment and personnel are available to off-load the SNS material from trucks once it reaches the dispensing sites.
- 14) Develop a plan for repackaging of SNS Oral Medicines for Post-Exposure-Prophylaxis (PEP). This plan should address the use of the SNS supply of "blister packs" unit doses (i.e., for emergency, distributing, and dispensing staff, and family members, as initial doses for the general public, etc.). As part of the repackaging plan the following should be included:
 - a. Centralized repackaging
- 15) Develop a plan

B. NEMA

- 1) Activate and operate the SEOC, provide liaisons to affected jurisdictions, prepare situation reports for the Governor and receive and act on requests for assistance from county emergency managers/directors.
- 2) Coordinate the State's response with local governments, with FEMA and the Federal Response Plan, and assist in the coordination of disaster related public information.
- 3) Identify key contacts at the State level for bio-terrorism (BT) response and Strategic National Stockpile interface. Contact responsibilities for SNS are:
 - a. Governor's Office – NEMA Assistant Director
 - b. NHHSS – ESF 8 Coordinator
 - c. Emergency Management Agency – NEMA Operations Officer
 - d. State Patrol or Law Enforcement Agencies – ESF 7 Coordinator
 - e. State Fire Marshal's Office – ESF 4 Coordinator
 - f. Adjutant General's Office – NEMA Assistant Director
 - g. Hazardous Materials Response Authority – NE Dept of Environmental Quality
 - h. Metropolitan Medical Response Systems – ESF 8 Coordinator
- 4) Coordinate with the following ESF coordinators and their agencies to support their planning for deployment, reception, transportation, dissemination and recovery of the SNS. These ESF coordinator and their agencies will be the leads for the respective areas as specified.
 - a. The request of the SNS – NEMA (for the Governor's Office)
 - b. The receipt of SNS assets – ESF 8 Coordinator
 - c. Security for SNS assets and both CDC and local personnel managing them – ESF 7 and ESF 10 coordinators
 - d. The distribution of SNS assets (i.e. IV drugs and supplies to hospitals for treating symptomatic persons) – ESF 8 coordinator
- 5) Designate, by the authority of the Governor, an official with the authority to request SNS assets.
- 6) Provide an official (by name, title, agency, and points of contact) who will be updated on transport activities while the SNS is enroute. This person will act as the State point-of-contact for the SNS until the SNS is signed over to the State.
- 7) Identify the most appropriate operation center (State, Federal, Department of Health, or other) to position SNS Technical Advisors (who will assist the State with requests for SNS material).
- 8) Designate airfield(s) or ground transportation sites where CDC will transfer SNS assets to the State.

C. Nebraska National Guard

- 1) Provide NEMA with an ESF 10 coordinator responsible for the planning and coordination of bio-terrorism response and SNS interface. Responsibilities will include planning for security for SNS assets and both CDC and local personnel managing them, and the transportation/distribution of SNS material and assets. Coordinate planning for SNS security with the Nebraska State Patrol and SNS transportation requirements with the Nebraska Health and Human Services System.
- 2) Identify personnel (and their duties) that will be present to meet the SNS upon its arrival.
 - a) Provide security that includes limiting access only to authorized personnel and identify who is authorized.

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- 3) Coordinate with the Nebraska State Patrol to develop a security plan for the SNS material at the time it enters the State and for security of the SNS Program's Technical Advisor Response Unit (TARU) members and for state/local response staff managing various aspects of SNS assets.
- 4) Coordinate with the Nebraska State Patrol to provide security of the SNS from the time it enters the State to storage facilities or to casualty-treatment centers or to Hub Sites dispensing sites. In coordination with the Nebraska State Patrol provide site security and ensure orderly processing at PEP dispensing sites.

D. Nebraska State Patrol

- 1) Provide NEMA with and ESF7 coordinator responsible for the planning and coordination of law enforcement related bio-terrorism response and SNS interface activities. Responsibilities will include planning for security for SNS assets and both CDC and local personnel managing them.
- 2) Upon notification of the request for deployment of the SNS, provide NEMA with the names of personnel requiring access to the Receiving, Staging and Storage (RSS) site to assist in security of these materials.
- 3) In coordination with the Nebraska National Guard, provide early initial security as the SNS enters the State and follow-on security for the SNS storage, repackaging, and dissemination facilities, and transportation assets.
- 4) In coordination with the HHSS and Nebraska National Guard, develop security measures to minimize the potential for diversion of the SNS controlled substances.
- 5) In coordination with HHSS and the Nebraska National Guard, provide security to designated SNS locations, including limiting access to only authorized personnel and identify who is authorized.

E. Nebraska Department of Environmental Quality

- 1) Provide NEMA with a SEOC representative to provide planning advice and guidance on hazardous materials related issues.
- 2) Assist in coordinating Federal, State, and local (including private) agencies and resources in responding to and recovering from a terrorist or other biological or chemical related hazardous material incident.

F. Nebraska Department of Roads

- 1) Provide NEMA with an ESF 1 coordinator responsible for assisting with the planning and coordination of transportation related bio-terrorism response and SNS interface. Responsibilities will include assisting NEMA, the Nebraska National Guard and HHSS with the planning for movement of SNS assets and the transportation related distribution of SNS materials.
- 2) Provide Forklifts and drivers for the RSS site. This will be requested and coordinated by the ESF 1 Coordinator.

G. Federal Emergency Management Agency (FEMA)

- 1) FEMA may implement the Federal Response Plan, which provides a mechanism for organizing, coordinating, and mobilizing Federal resources to augment State and local resources.
- 2) Under the National Response Plan, FEMA may employ Emergency Support Function 8 (ESF 8) for coordinating medical related response and recovery activities. The lead agency for ESF 8 is the U.S. Department of Health and Human Services with other agencies as support agencies based on their resources to support a biological or chemical related incident.

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3. PRIOR TO ARRIVAL

3A. Essential Personnel

Essential personnel within HHSS include ESF-8 coordinators, RSS Team, and Emergency Coordination Center members. Should prophylaxis be required, these members will receive medication/vaccination prior to reporting to their posts. Local Health Departments will be responsible for prophylaxing essential local personnel (EMS, dispensing site personnel, Hub personnel, etc.).

Workers for the RSS Site are listed in Appendix C.

3B. Worker Prophylaxis/Vaccination

Seventeen pharmacies across the state have been stocked with antibiotics. Contact numbers are located in Appendix B. SEOC, ECC, and epidemiological workers will receive prophylaxis at the site to which they report. Workers that are unloading the SNS will receive prophylactic medication/vaccination at the RSS should it be needed.

The Small Pox pre-event vaccination plan is in Appendix C and provides vaccination guidelines for workers that will be used in the "hot zone." Plans are available for 500, 1,000 and 1,500 dose contingencies.

3C. Worker Credentialing

3C1. RSS Site

Upon activation of the SNS, workers will be directed to report to the State Office Building where they will leave their vehicles. RSS Team credentials will be checked against a list of verified workers. RSS Team members will also need to show their NHHSS identification and their RSS Team identification. Buses or Vans will then be used to transport them to the RSS site. Prior to bus boarding safety vests will be given to workers.

3C2. SEOC

ESF-8 Coordinators and their immediate support staff have NEMA credentials for entrance to the SEOC. Those without NEMA credentials will have their name given to NEMA for admittance.

3C3 ECC

ECC members have NHHSS credentials and ECC Team credentials that will allow them access to the ECC.

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4. COMMAND & CONTROL

4A. *State Emergency Operation Center*

Should the State of Nebraska request the Strategic National Stockpile, the State Emergency Operations Center will be automatically activated. The Emergency Operation Center is located at the Adjutant General Building, 1300 Military Road. Representatives from pertinent State, Local, and volunteer agencies will be notified by NEMA and brought to the SEOC. The agencies represented in the SEOC will vary depending upon the event that requires the use of the SNS. Representatives may include NEMA, Health and Human Services, State Patrol, National Guard, Department of Roads, Department of Environmental Quality, Game and Parks, Fire Marshal and Agriculture. Names and contact numbers of ESF Coordinators are listed in Appendix D.

At the Receiving, Staging and Storage (RSS) site, Nebraska Emergency Management Agency will provide a liaison between the SEOC and the RSS Site Commander. The NEMA Liaison will remain in contact with the SEOC using communication methods that are functional at the time of the incident. He/she will provide the RSS Site information from the SEOC on such things as weather and road conditions, transportation security issues, and other support information.

The CDC's Technical Assistance Response Unit (TARU) Chief will interact directly with the RSS Manager, and the NEMA liaison at the ECC.

4B. *Receiving, Staging and Storage (RSS) Site Command*

The RSS Operations Manager will make logistical decisions that impact the receipt, staging, and storage of the SNS with the ECC. All communications between the RSS and the ECC Operations Chief will be direct via phone, fax, or encrypted radio. All communication between the RSS Operations Manager and the SEOC will go through the NHHSS Emergency Coordination Center.

Additional members of the RSS Team are shown in Appendix C. These individuals will provide progress reports directly to the RSS Manager. The RSS Manager will then provide a briefing to the ECC Operations Chief.

Regional Hub sites will make requests for materials through the ECC's Local Health Department Liaison. Local emergency management agencies will make requests per existing plans through the State Emergency Operations Center.

5. REQUESTING THE STRATEGIC NATIONAL STOCKPILE

5A. *Authority to Request the SNS*

The Governor of the State of Nebraska has the authority to request the SNS. He or she will formally request the SNS directly from the Centers for Disease Control, or include the request as part of a formal request for federal assistance through the national emergency response system. The Governor DOES NOT have to wait for the President of the United States to activate the Federal Response Plan before requesting shipment. Nor does the Governor need a signed disaster declaration prior to requesting the SNS.

Within HHSS, the Chief Medical Officer, Deputy Chief Medical Officer, or Director of HHS Regulation & Licensure has the authority ask the Governor to request the SNS Push Package or VMI.

The NEMA Assistant Director will directly contact the Governor to advise him/her of the situation. NEMA and NHHSS representatives will advise the Governor on the need for the Push Package, or the Managed Inventory (MI).

Changes in elected or appointed administrations will require training/education in the process for activating and implementing the Strategic National Stockpile. Newly appointed Chief Medical Officers and Directors of HHS Regulation & Licensure will be briefed by the Deputy Chief Medical Officer (a non-appointed position) and the ESF-8 coordinator. Additional training of the HHS Policy Cabinet will be at the discretion of the CMO and R&L Director.

5B. *Process for Requesting the SNS*

Chemical, biological, radiological, nuclear, explosive or natural events may be first identified by a number of different agencies. Depending upon the nature of the event and the investigating agency, the initiating agency will vary. Biological and radiological and nuclear events will likely be delegated to NHHSS immediately after confirmation of the event. Other disasters may be delegated immediately to NEMA or another state agency. NEMA's responsibility is to notify the Governor's office and other agencies that will be involved in a response. In the case of biological, radiological or nuclear event, NEMA will consult with NHHSS and the Governor's office simultaneously.

Key contacts involved in requesting the SNS include the Governor's or his/her designee, the Nebraska Health and Human Services System, and the Nebraska Emergency Management Agency.

Specifically within NHHSS, the Chief Medical Officer, Deputy Chief Medical Officer, or Director of the Division of Regulation & Licensure will decide upon whether Nebraska will request the SNS from CDC. Contact information is located in the Base Standard Operating Guide. The material will be accepted by the Deputy Chief Medical Officer or Pharmacy Coordinator. Power of Attorney has been provided to the Pharmacy Coordinator so controlled material and non-controlled material can be received by him/her. See Appendix A for contact information.

Local jurisdictions that have a need for the SNS would place the request through either NEMA, or NHHSS.

5C. *Justification for Requesting the SNS*

The following list provides justification for the SNS request...

- Overt release of a chemical or biological agent
- Claim of release by intelligence of law enforcement
- Indication from intelligence or law enforcement of a likely attack

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- Clinical or epidemiological indications
 - Large number of ill persons with similar disease or syndrome
 - Large number of unexplained disease, syndrome, or deaths
 - Unusual illness in a population
 - Higher than normal morbidity and mortality from a common disease or syndrome
 - Failure of a common disease to respond to a usual therapy
 - Single case of disease from an uncommon agent
 - Multiple unusual or unexplained disease entities in the same patient
 - Disease with unusual geographic or seasonal distribution
 - Multiple atypical presentations of disease agents
 - Similar genetic type in agents isolated from temporally or spatially distinct sources
 - Unusual, genetically engineered, or antiquated strain of the agent
 - Endemic disease or unexplained increase in incidence
 - Simultaneous clusters of similar illness in non-contiguous areas
 - Atypical aerosol, food, water transmission
 - 3 people presenting the same symptoms near the same time
 - Deaths or illness among animals that precedes or accompanies human death
 - Illnesses in people not exposed to common vent systems
- Laboratory results
- Unexplainable increase in emergency medical service requests
- Unexplained increase in antibiotic prescriptions of over-the-counter medication use

The director of the CDC will evaluate the Governor's request in cooperation with local, state, and federal officials by evaluating the actual or potential threat and the local resources and planning for dealing with the threat. If the director of CDC concurs that local resources will be insufficient, he or she will deploy the SNS.

Following are questions the NHHSS should attempt to answer when requesting the SNS...

- ***The number of current casualties***
- ***Projected needs considering the population of the area (including transients), and possible infections versus non-infections***
- ***Presence of an identifiable coordinated SNS annex to the state or local terrorism response plan***
- ***Hospital capacity at the time of the event, including intensive care unit beds and ventilator needs***
- ***State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers***
- ***Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity***
- ***Whether or not plans and preparations have been made for receiving, distributing, and dispensing the SNS, and plans are substantive enough to be fully activated***

5D. Activating the Distribution System

All local public health departments will be notified of events affecting ANY local public health department. Notification will be done via phone, pager, fax and/or Health Alert Network. The local public health departments will then implement or place their vaccination/prophylaxis plans on standby. They will also notify and activate their Hubs and/or SubHubs as necessary.

The Logistics Chief will notify private trucking firms of the need for their services. Trucking companies will be put on alert as to the need for their services and given an approximate time for arrival at the RSS.

The SEOC will notify other State agencies with direct involvement such as the National Guard and State Patrol. The SEOC will determine the level of its own activation.

6. MANAGING THE SNS OPERATIONS

6A. *Operations Management Team*

Members of the RSS Team are listed in Appendix C. The RSS Manager will begin the call-down for the Team. HE/SHE will call the Coordinators. Coordinators will then call positions under them. Each position within the Team will have one person traveling to the RSS rendezvous site. Phone calls to fill second shift positions will be made by the *Personnel Unit*.

6B. *Interface with the SEOC*

The NHHSS Emergency Coordination Center (ECC) will be the sole point of contact with the SEOC. The RSS Manager will be responsible for communications between the RSS and the ECC. The Emergency Coordination Center will contact the SEOC with pertinent information to be shared with other ESF's. Upon completion of the system, significant events and completed tasks will be logged into the Emergency Information System (EIS). This information is linked to the SEOC via Internet.

6C. *Reporting process*

The RSS Manager will receive regular briefings from his/her immediate staff. Shift changes will be completed in person with the replacement shift. A change of shift report will be completed and passed to the new personnel. Change of shift reports will be passed to the *Situation Status Officer* at the ECC to ensure all tasks are completed.

6D. *Communications Network*

Satellite phone, Email, landline telephones, cell phones, and blackberry's are currently in use for communications between the RSS, ECC and SEOC. NEMA will provide their communications vehicle at the RSS site for backup communications. Chapter 13, "Communications Support" provides more detailed information.

6E. *TARU Interface*

Two members of the TARU will be transported by HHSS to the Emergency Coordination Center. The remaining members of the TARU will be taken to the RSS site. The *Personnel Unit* will assure the TARU is transported from their landing site to the RSS and ECC respectively.

7. RECEIVING, STAGING AND STORAGE OF SNS MATRIEL

7A. *Airplane Landing Sites.*

The landing/shipping site for the SNS Push Package will be determined collaboratively by the Chief Medical Officer, NEMA, and the Governors Office. Information received by these representatives prior to calling CDC will allow them to determine the safest and most efficient location for the RSS.

NEBRASKA HAS NO AIRPORTS WITH THE CAPACITY TO UNLOAD A WIDE BODY FedEx OR UPS CARGO PLANE.

7B. *Non FedEx Airports*

The primary landing site will be determined by CDC and their partners in transportation (FedEx and UPS).

7C. *National Guard Contingencies*

Should the Push package be received during a time of National emergency, the Air National Guard base will still be accessible to the RSS Site Manager and Team. ANG officers may be unavailable to assist, however, civilian employees of the ANG will be available to assist the RSS team.

7D. *Security*

The Army National Guard will have primary responsibility for security at the RSS site. The ArmyNG base is adjacent to the AirNG base. This proximity will allow security resources to be quickly available for both the RSS site, and for shipping to Distribution Hubs.

The Nebraska State Patrol will provide security for trucks en-route to Hubs and/or Subhubs as needed.

7E. *RSS Sites*

RSS sites are listed in Appendix G. Physical addresses and contact information are also listed.

7F. *RSS Site Decision Process*

The RSS site will be determined at the time of need. Factors that will influence the decision include:

1. Facility availability
2. Ability to secure the facility
3. Geographic location of the threat
4. Potential for secondary devices

The preferred landing/shipment site for receiving the Push Package is Lincoln, NE. Lincoln will serve as the primary receipt site. However, should Lincoln be incapacitated, the secondary site will be Grand Island. Each Hub in Nebraska has been asked to provide possible locations for the main RSS site, should the need arise. These alternate sites are listed in Appendix G.

Strategic National Stockpile Reception & Distribution Plan for Nebraska

7G. RSS Staff

See Appendix C for a list of HHSS personnel assigned to the RSS. In addition to the positions listed in section 4 (Command & Control) the RSS will have four (4) Pick Teams. These teams will consist of a Leader responsible for quality control, an inventory counter, and a 'picker.' The Pick Teams will be responsible for opening the containers and physically obtaining supplies as needed.

7H. Designated DEA Registrants.

A DEA registrant from NHHSS will be at the RSS site to receive the Push Package. Appendix F contains the list of DEA registrants available to sign for the Push Package. Should a DEA registrant not be available to sign for the controlled substances, NHHSS will provide the name and DEA number of the individual that will, eventually, sign for the substances.

The Nebraska Health and Human Service System will sign one Standing Order for Prophylaxis/Vaccination for the State. This order will be provided via HAN to local public health departments.

7I. Process for Accepting the SNS

NHHSS will make every effort to ensure that a DEA registrant is on site to sign for the Push Package (see Appendix F for a list of DEA registrants). Should a registrant not be available at the time of arrival, the RSS Operations Manager will sign for the Push Package, excluding the controlled substances. The Pharmaceutical Managers have been given Power of Attorney to receive the controlled substances for the Deputy Chief Medical Officer.

7J. Offloading and Storing

The RSS Team will complete offloading and storing the Push Package. Forklifts will be the primary means of unloading. Portable loading ramps will be the secondary means of unloading. The Nebraska Department of Roads has multiple forklifts and drivers available to assist at the request of NEMA.

The containers will be stored sequentially in a manner that fits the RSS site utilized.

7K. Regional RSS Sites

Multiple trucking sites have been identified for receiving the Push Package. Addresses and contact numbers are located in Appendix G. **Only sites in Lincoln, Omaha, North Platte, Norfolk, and Hastings have been reviewed and approved for use as RSS sites.**

7L. Controlled Substances

Controlled substances will remain in the hardened, DEA approved containers until such time as they are needed. Should a container not fit in the storage area, the material will be removed from the container and placed in the room by a Pick Team under the supervision of the DEA registrant.

8. INVENTORY CONTROL

8A. *Inventory Personnel and Recall Process*

Inventory personnel are listed in Appendix c.

8B. *Inventory Tracking*

The Inventory Control & Tracking Officer will be responsible for inventory tracking. The RSS Team will track orders using an electronic tracking software, with paper forms as backup. The Software is located at <http://www.mersdev.com/nehssns.application.htm>.

8C. *Inventory Sites*

The Inventory Control Officer will be located with the RSS Team. Should the RSS Team stand-down, he/she will move to the ECC for the remainder of the event.

9. MANAGING SUPPLIES OF ORAL PROPHYLACTIC MEDICATIONS

9A. *Repackaging Personnel and Recall Process*

Repackaging will be supervised by the Team Leads and/or the Pick Team Leads. Faculty from the Creighton University Pharmacy School have agreed to provide staff to assist with the repackaging should the need arise (Appendix H).

9B. *Repackaging Site*

Repackaging will occur in the same location as the RSS site.

9C. *Repackaging Site Decision Process*

Each approved RSS site is of sufficient size to accommodate repackaging needs.

9D. *Logistics Requirements*

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Strategic National Stockpile Reception & Distribution Plan for Nebraska

10. DISTRIBUTING SNS MATERIEL

10A. *Distribution Personnel and Recall Process*

Private trucking companies will distribute the Push Package to the Regional Hub sites. Letters of cooperation have been signed with several companies across the state. Letters of cooperation and contact numbers are included in Appendix I. The Logistics Chief is responsible for contacting the trucking companies.

10B. *Other Involved Agencies*

The Army National Guard, Department of Roads and the State Patrol have developed escort plans from the State RSS to Regional Hub sites. Two State Patrol cars will escort each truck (6) from the RSS site to Hubs.

Local Health Departments are responsible for establishing Regional Hub sites. The LHD's have arranged security from the Regional Hub to Local Subhubs and dispensing sites.

10C. *Distribution Site*

The Push Package distribution site will be collocated with the State RSS site. The Army National Guard will work with the Nebraska State Patrol to provide security for the site.

10D. *Distribution Modes*

Trucking will be the primary mode of distribution.

The Army National Guard can provide helicopters for air transport; however they are not temperature controlled. Items that are not temperature sensitive can be transported with this method should trucks not be able to reach the Hub sites.

The Nebraska Civil Air Patrol will also provide services for the distribution of small quantities of materials. Cargo is limited to a 200 pound capacity.

10E. *Transportation Support*

Trucks will obtain fuel, repair and recovery from their usual, private sources. Companies have been advised to track expenses related to transporting Push Package material.

The Guard will provide fuel, repair and recovery for their own vehicles. We will attempt to recover costs from state emergency funds.

10F.

Hub sites are located in Lincoln, Omaha, Norfolk, Grand Island, North Platte and Scottsbluff. Contact persons are located in the Local Health Department of each city.

11. DISPENSING ORAL DRUGS

Local Health Departments have been delegated the responsibility for establishing and operating all dispensing sites in the State. Protocols are provided in the "Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications" (Appendix C).

12. COORDINATION WITH TREATMENT CENTERS

12A. *Responsible Staff*

Coordination with Treatment Centers is the responsibility of the Medical Support Chief. This position will be the contact person within the ECC for requests that come through the State Emergency Operations Center for medical supplies.

12B. *Material Requests*

Local Treatment Centers will request equipment/supplies through their local emergency operations center or through the direct communication with their local Public Health Emergency Coordination Center. In a geographically limited event, if the Local Emergency Operations Center cannot meet the needs with existing MOU's and Mutual Aid Agreements, the request will be forwarded to the State Emergency Operations Center. The SEOC will then forward these requests to the HHSS ECC (Medical Support Chief).

In a geographically wide-spread event, where multiple hospitals will be involved in patient treatment, the hospital will request supplies directly from the ECC.

12C. *Communications*

When communicating with all treatment centers, the ECC will utilize the Health Alert Network. NE HHSS has established a protocol for 24 hour monitoring of HAN messages in every hospital in Nebraska. Other HAN contact groups include Emergency Management, Local Health Departments, Physicians (by area of specialty), Veterinarians, and others. The Nebraska Health Alert Network does not currently allow messaging from recipients back to the HAN Coordinator. This will require the use of Email and/or fax.

Strategic National Stockpile Reception & Distribution Plan for Nebraska

14. PUBLIC INFORMATION

The Communications and Legislative Services (CLS) Division has established policies and procedures for communicating to the public, partners and the media on behalf of the Nebraska Health and Human Services System (HHSS), in the event of an actual or perceived occurrence of bioterrorism or other public health emergency. These policies and procedures ensure that CLS will be responsible for a number of crisis and emergency risk communication activities before, during and after a public health emergency. (Copies of the Division's CERC Plan are available from CLS)

In the event of a public health emergency, the Lead Public Information Officer (PIO) will work with policy leaders at HHSS to determine the division's public information involvement at specified locations. Those locations (if and when activated) include, but are not limited to: the Emergency Coordination Center (ECC), the source of the emergency (on-site), the RSS site, and a Joint Information Center (JIC).

The Lead PIO will also delegate assignments for CLS including roles and responsibilities for a Deputy Lead PIO, an On-site PIO, a Content and Clearance PIO, a Media PIO, a Webmaster, an Internal/Partner PIO, a Hotline Coordinator, a Media Monitoring PIO and an Administrative Support position.

Detailed descriptions of each of the CLS job responsibilities are available from the CLS Division. Here is a brief description of each of the CLS jobs outlined above:

Lead PIO (CLS Division Administrator and ECC member):

The Lead PIO will serve as a focal point for the overall communications efforts of the ECC. The Lead PIO will be the lead agent for coordination, comment and review of all information being released from the ECC. The lead PIO will also serve as a liaison to the JIC.

Deputy Lead PIO/JIC PIO:

The Deputy Lead PIO will support the Lead PIO and take the place of the Lead PIO when necessary. The Deputy Lead PIO may be asked to report to the JIC if one is activated.

On-site PIO:

If the public health emergency is away from the normal issuance point for news, it may be necessary to issue information at the scene of the emergency or at another point more accessible to the news media. In such circumstances, the On-site PIO will help keep communications open between the emergency site and the ECC and will make sure that the information being released is accurate and consistent.

Content and Clearance:

Assigned CLS staff will work with the Lead PIO to analyze and assess information and develop it into formats understandable and useful to the general public and various subgroups.

Media: CLS will coordinate all media contacts from HHSS regarding the event. CLS has an electronic database of media contact information (newspapers, radio, television, alternate and minority-targeted) that is continually updated. Through daily CERC activities, CLS has initiated dialog with the media, which prepares them for possible bioterrorism events and other public health emergencies.

During a public health emergency, CLS would need to control media access to the ECC and HHSS employees through a credentialing process. That designated person will also clearly identify "off-limits" areas and provide escorts as needed. As news reporters arrive, a designated staff member will direct them to the news conference, provide handouts, brief them on rules, location of rest rooms, etc.

Web Communications (with HAN Coordination):

HHSS has an extensive public web site (www.hhs.state.ne.us) that includes an epidemiology section and a bioterrorism section. The site links to the CDC, and CLS constantly refers to it when talking with the media

Strategic National Stockpile Reception & Distribution Plan for Nebraska

and the public. During a bioterrorism event or public health emergency, the web master would activate pre-developed emergency web pages and work with video production to stream important video messages on the web.

Internal/Partner/Government Communications:

CLS will maintain consistent and constant communications with local health departments, HHSS employees, key partners, and legislators and special interest groups.

Hotline:

If it is necessary, CLS will activate the public information call center as a resource to the public. (Planned Public Information hotline: 888-902-2022)

The Hotline PIO will e-mail and/or call program administrators, local health department directors and others on the news release list to let them know what number to use for routing media calls and for the public information hotline.

Communication Monitoring and Research:

During a bioterrorism event or public health emergency, CLS will use the media monitoring systems to make sure key messages reach their intended audiences, quickly and consistently. After the event, the media monitoring system will be used to evaluate the effectiveness of communication efforts.

15. TACTICAL COMMUNICATIONS

10A. *Communication with the RSS*

Communication between the RSS and ECC will be between the ECC Operations Chief and the RSS Operations Manager or his/her designee. Contact between the State Emergency Operations Center and the RSS will go through the NHHSS Emergency Coordination Center.

Local Health Departments that require supplies from the SNS will make requests through the ECC. The Site Coordinator (within Operations) will be the single contact person with local Health Departments, and Distribution Hubs.

The primary communication method between the ECC and the RSS will be radios, land phone lines and fax lines.

Radios: 800Mhz radios with encryption will be used for NHHSS emergency response.

10.B *Backup Communication Methods*

Backup communications include cell phones, blackberry's, and satellite phones.

10.C *Contact Numbers & Frequencies*

Contact numbers and radio frequencies are included in the 'ECC Activation Standard Operation Guide.'

Strategic National Stockpile Reception & Distribution Plan for Nebraska

16. SECURITY SUPPORT

The Nebraska Army National Guard Operation Plan for the SNS states:

“Upon notification, Nebraska Army National Guard will provide trained personnel to assist with security operations at designated medical storage sites with-in Nebraska.”

“The Nebraska National Guard will deploy personnel to the RSS site to provide security.

a. Authorized Missions

1. Monitor and reinforce the pre-existing checkpoint structure & operations.
2. Monitor the unloading and security of the Medical Supplies.
3. Monitor alertness and performance, and in conjunction with ground security coordinator, ensure corrective actions are taken as necessary.
4. Assist local law enforcement conducting regular duties at the checkpoint, upon request.
5. Repackaging and transportation of medical supplies.”

The Nebraska State Patrol will provide escort of the Push Package from the Nebraska border to the RSS site. The Nebraska National Guard will then be responsible for security at the RSS site.

The Army National Guard is also providing external security for Hub and Subhub locations. The Nebraska State Patrol will also designate one Trooper per Hub site.

The National Guard Security Plan is available through their ESF.

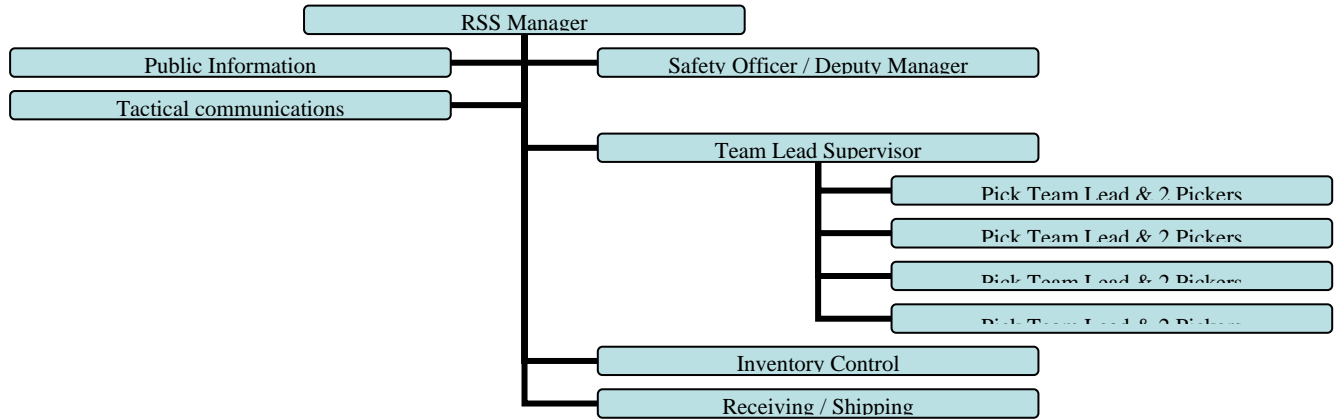
Strategic National Stockpile Reception & Distribution Plan for Nebraska

17. PREPARE, TRAIN, EXERCISE AND EVALUATE

NHHSS will work closely with the Nebraska Emergency Management Agency to exercise the Health & Medical response to disasters in Nebraska. Scheduled exercises include...

July, 03	SNS exercise with OMMRS and Offutt Air Base
Oct, 03	Functional exercise of the ECC and SEOC
Jan, 04	Health Hazard Quarantine Orientation for all State agencies
May, 04	BioHazards Orientation for all State agencies.
Nov, 04	All SEOP agencies Functional exercise
Feb, 05	BioHazard Tabletop
Aug, 05	BioHazard Tabletop
Nov, 05	BioHazard Functional
Mar, 06	SNS Full Scale Exercise

A. RSS Command & Control Flowchart



Updated: November, 2005

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile													
Name / Email	Home #	Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline		
		Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles
Barr Pharmacy -													
C. Curt Barr, RP 1651 Washington Blair, NE 68008 curtbarr@hotmail.com 2500 California Plaza cbarr@creighton.edu	home 402.533.3624 work 402.426.2187 pager cell 402.533.3624 fax 402.426.2189	250mg	100	3	250mg/5ml	150	34	500mg	100	6	100mg	500	5
Deines Pharmacy -													
Mitch Deines, RP 910 E. Court St. Beatrice, NE 68310 mitch@deinespharmacy.com	home 402.223.3031 work 402.223.4779 pager cell 402.239.2446 fax 402.223.5610	250mg	100	3	250mg/5ml	150	36	500mg	100	6	100mg	500	5
Farrell's Pharmacy -													
Patrick Farrell, RP 120 West B. St. McCook, NE 69001	home 308.245.2120 work 308.345.1781 pager cell fax 308.345.3967	250mg	100	2	250mg/5ml	150	36	500mg	100	6	100mg	500	5
Safeway Pharmacy #0557 – Keith													
John Franklin 611 N. Spruce St. Ogallala, NE 69153 franklin@lakemac.net	home 308.284.4995 work 308.284.3670 pager cell 402.432.1454 402.430.5976 fax 308.284.4580	250mg	100	3	250mg/5ml	150	34	500mg	100	6	100mg	500	5

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile													
Name / Email	Home #	Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline		
		Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles
Hy-Vee Pharmacy													
#2 – Madison													
Mary Hammond, RP	home	250mg	100	4	250mg/5ml	150	36	500mg	100	7	100mg	500	8
2107 Taylor Ave.	work 402.371.1300												
Norfolk, NE 68701	pager												
phammond@conpoint.com	cell												
	fax 402.371.5697												
Company – Box													
Butte County													
Charles Lierk, RP	home 308.762.1552	250mg	100	4	250mg/5ml	150	36	500mg	100	6	100mg	500	8
304 Box Butte Ave.	work 308.762.4033												
Alliance, NE 69301	pager												
clierk@premaonline.com	cell												
	fax 308.762.8964												
Petersen Drug -													
Dawes County													
Gary Petersen, RP	home 308.432.2053	250mg	100	3	250mg/5ml	150	34	500mg	100	1	100mg	500	5
302 Main St.	work 308.432.2400												
Chadron, NE 69337	pager												
petersen d@bbc.net	cell												
	fax												
Professional													
Lowell Redler, RP	home 402.494.1562	250mg	100		250mg/5ml	150	36	500mg	100	6	100mg	500	5
1010 W. 29th ST,	work 402.494.5542												
South Ridge Plaza	pager												
South Sioux City, NE 68776	cell 712.490.0536												
	402.850.9993												
	fax 402.494.2207												

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile													
Name / Email	Home #	Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline		
		Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles
Kimball - Kimball County													
Lester Reemts, RP 121 E 2nd St. Kimball, NE 69145	home 308.235.2952 work 308.235.3936 pager cell 308.235.7092 fax 308.235.4886	250mg	100		250mg/5ml	150	36	500mg	100	6	100mg	500	5
Pharmacy - Holt County													
Ronald Robinson, RP 313 W. Pearl St. Atkinson, NE 68713	home 402.925.5875 work 402.925.2651 pager cell fax 402.925.2652	250mg	100	3	250mg/5ml	150	34	500mg	100	6	100mg	500	5
Family Prescription Shoppe - Otoe													
Arlin Stutheit, RP 823 Central Ave. Nebraska City, NE 68410 as0013@alltel.net	home 402.873.5219 work 402.873.6605 pager cell fax 402.873.6606	250mg	100	3	250mg/5ml	150	36	500mg	100	6	100mg	500	5
Term Care - Valley County													
Angie Svoboda, RP 127 S. 16th St. Ord, NE 68862 asvoboda@goodliferx.com	home work 308.728.3295 pager cell 308.750.3213 fax 308.728.3296	250mg	100	3	250mg/5ml	150	34	500mg	100	6	100mg	500	5
Pharmacy - Platte County													
Tim Tooley, RP 4508 38th St., Ste 160 Columbus, NE 68601	home 402.564.0418 work 402.562.8627 pager cell fax 402.562.8637	250mg	100	3	250mg/5ml	150	36	500mg	100	6	100mg	500	5

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile													
		Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline		
Name / Email	Home #	Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile																		
Name / Email	Home #	Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline							
		Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles					
Ben's Drug Store - Hall County																		
Ben Wassinger, Jr., RP 123 W. 3rd St Grand Island, NE 68801 bpwaww@kdsi.net	home 308.384.1511 work 308.382.3131 pager cell fax 308.382.9800	250mg	100	4	250mg/5ml	150	36	500mg	100	7	100mg	500	10					
Weaver Pharmacy - Fillmore County																		
Bill Weaver, RP 1014 G St. Geneva, NE 68361 weaverdrug@alltel.net www45950@navix.net	home 402.759.4571 work 402.759.4433 pager cell fax 402.759.4417	250mg	100	3	250mg/5ml	150	34	500mg	100	6	100mg	500	5					
Hospital - Cherry County																		
John Wobig, RP Green St. & Hwy 12 Valentine, NE 69201 jwobigcch@qwest.net	home 402.376.3661 work 402.376.2525 pager cell 402.376.4248 fax 402.376.1627	250mg	100	3	250mg/5ml	150	36	500mg	100	6	100mg	500	5					
Discount Pharmacy																		
Rick Zarek, RP 520 10th St. Gothenburg, NE 69138 rz84847@navix.net	home 308.537.3512 work 308.537.7155 pager cell 308.529.2387 fax 308.537.7366	250mg	100	4	250mg/5ml	150	36	500mg	100	6	100mg	500	8					
TOTALS																		
			1700	48				2550	600				1700	99			8500	99

Updated: November, 2005

B_ Nebraska Pharmaceutical Stockpile													
Name / Email	Home #	Amoxicillin Chewables			Amoxicillin Suspension			Ciproflaxin			Doxycycline		
		Strength	Size	Bottles	Strength	Size (ml)	Bottles	Strength	Size	Boxes	Strength	Size	Bottles
<hr/>													
Amoxicillin Chewables	250 mg												
	Total Bottles			48									
	Total Doses			4800									
Amoxicillin Suspension													
	Total ml			90000									
Ciproflaxin	500mg												
	Total Boxes			99									
Doxycycline	100mg												
	Total Bottles			99									

C_RSS CONTACT INFORMATION

NAME	POSITION	WORK PHONE	HOME PHONE	CELL PHONE	PAGER	FAX
						NUMBER
	RSS Warehouse Mgr.					
Newland, Duane	RSS Warehouse Mgr.	402-471-1821	402-488-0710	402-560-2356		402-471-4916
Responsible for Contacting						
Anderson, Roxie	Ops. Asst	402-471-8566	402-310-8447	402-310-8447		402-471-9449
Ostrander, Kelly	Ops. Asst	402-471-8553	402-420-6898			402-471-9449

C_RSS CONTACT INFORMATION

NAME	POSITION	WORK PHONE	HOME PHONE	CELL PHONE	PAGER	FAX NUMBER
Anderson, Roxie	Ops. Asst	402-471-8566	402-310-8447	402-310-8447	0	402-471-9449
0	0	0	0	0	0	0
Ostrander, Kelly	Ops. Asst	402-471-8553	402-420-6898	0	0	402-471-9449

Responsible for Contacting

Marla Augustine	P.I.O	402-471-4047	402-435-1644			402-471-3996
Mike Wight	P.I.O	402-471-3486	402-786-2184	402-416-9389		402-471-3996
Bill Wiley	P.I.O	402-471-6585	402-488-9171			402-471-3996
Dianna Seiffert	P.I.O.	402-471-1695	402-423-3482	402-326-1986		402-471-3996
Greg Hood	Safety/Deputy Mgr	402-471-0811	402-438-8509			402-471-9455
Doug Fuller	Safety/Deputy Mgr	402-471-3578	402-328-2317	402-326-1279		402-471-1890
	Safety/Deputy Mgr					
Bob Semerena	Team Lead Supervisor	402-471-0175	402-328-2868	402-580-8970		402-471-6238
Michael Grutsch	Team Lead Supervisor	402-471-3443	402-438-3001	308-991-3338		402-471-6238
	Team Lead Supervisor					
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Tony Kopf	Storage / Picking Lead	402-679-5129	402-391-3602	402-679-5129		402-391-3602
Chris Wright	Storage / Picking Lead	402-471-9136	402-423-7914	402-730-6007		402-471-9092
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Tony Kopf	Storage / Picking Lead	402-679-5129	402-391-3602	402-679-5129	0	402-391-3602	
Chris Wright	Storage / Picking Lead	402-471-9136	402-423-7914	402-730-6007		402-471-9092	
Sandy Klocke	Storage / Picking Lead	402-471-0193	402-420-5704	402-770-2123		402-471-6446	
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APPENDIX D:

Nebraska

Guidelines for Mass Administration of Vaccines and Prophylactic Medications

State of Nebraska Office of Homeland Security And Nebraska Health and Human Services System

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In Collaboration with the Nebraska Emergency Management Agency

Acknowledgments

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Draft Plan for the Focused Administration of Vaccines and Prophylactic Medications

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Definition of Terms and Acronyms

ACIP: The Advisory Committee on Immunization Practices; the nationally recognized group of public health and private medical experts who advise the U.S. Department of Health and Human Services on immunization practices

BT = Bioterrorism

CDC = Centers for Disease Control and Prevention

CNP = Certified Nurse Practitioner

DCHD = Douglas County Health Department

EMS = Emergency Medical Service

HAZMAT = _____

ICP = Infection Control Practitioner

LEOP= Local Emergency Operations Plan

LLCHD = Lincoln-Lancaster County Health Department

NPS= National Pharmaceutical Stockpile

NE HHSS = Nebraska Health and Human Services System

NE HHS = Nebraska Department of Health and Human Services

NE HHS R&L = Nebraska Health and Human Services Department of Regulation and Licensure

NETSS: National Electronic Telecommunications System for Surveillance

NEMA = Nebraska Emergency Management Agency

NPHL = Nebraska Public Health Laboratory

PA = Physician Assistant

SEOP = Nebraska State Emergency Operations Plan

VAERS = Vaccine Adverse Event Reporting System; a national system that tracks adverse events following vaccinations

VDIS = Vaccine/Drug Information Statement

I. INTRODUCTION

Advance planning for a coordinated public health response to a bioterrorism (BT) event or significant epidemic (i.e. pandemic influenza) is essential. It is highly likely that the public health response will include mass administration of vaccines or prophylactic medications to large numbers of people in a very short period of time. Warning periods are expected to be very short and tremendous personnel and material resources will be required during such a response.

It is assumed the major BT agents include anthrax, plague, smallpox, tularemia, and botulism. Antibiotics will be used in a response to events involving anthrax, tularemia, or plague. Antitoxin for botulism is available from the Centers for Disease Control and Prevention (CDC) in limited supply. Vaccine will be used in response to a smallpox event and pandemic influenza, and possibly for an anthrax event depending on availability. Supplies of vaccine and treatment drugs may be limited; therefore, it is likely that priority populations will be identified and administration will take place accordingly.

This document addresses advance planning and managing an actual clinic response, should an event occur which requires the NE Health and Human Services System (NE HHSS) to respond with a mass immunization or prophylactic medication clinic. The manual starts with general guidelines that apply to all mass clinics; annexes are attached that address specific disease agents (i.e. smallpox), related vaccines and treatment medications. The document is organized as much as possible into lists and forms. Each of the state's designated clinic planning regions can adapt the materials easily to plan and coordinate a local response. In the event that the Governor declares an Official State of Emergency, this document should be used in conjunction with the Nebraska State Emergency Operations Plan (SEOP).

II. OPERATIONS PHILOSOPHY

State, regional and local public health officials, local emergency management directors and communities must work in a coordinated, organized manner when dealing with the serious issues presented by a bioterrorism attack or other significant epidemic. One critical response component is the ability to provide vaccination or treatment to large numbers of people in very short periods of time. This is most often done through mass public clinics. NE HHSS will provide direction and coordination at the state level for mass clinic planning and operations. Local health departments will oversee planning and implementation of mass clinics in their counties.

The resources available to operate mass clinics vary considerably across the state. It is the responsibility of NE HHSS, local health departments, Nebraska Emergency Management Agency (NEMA) and other partners to make the best possible use of existing state and local public, private and volunteer resources. State and local planning will include the identification of resources, determining the areas' service

delivery capacities, identifying gaps in service delivery, and securing and providing the additional resources necessary to address the areas' threat.

The Nebraska Emergency Management Act grants the Governor authority to provide state-level support to local governments in times of extreme emergency or disaster. Each local government is under the jurisdiction of and served by NEMA and is required to participate in an emergency management organization that has either a full-time director or full-time deputy director. The Nebraska State Emergency Operations Plan describes how State Government responds to occurrences of disasters and emergencies throughout the State. **The planning for mass clinics requires special emphasis on certain functions that are not specifically addressed in the Nebraska State Emergency Operations Plan (NE SEOP).** The Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications is considered a partner document to the NE SEOP; however, an official emergency does not have to be declared for any or all of the Guidelines to be implemented by NE HHSS. *Do we need to reference the State BT Plan?*

III. SUMMARY OF RESPONSIBILITIES

A. NE HHSS

1. Preparation

In preparation, NE HHSS will:

- a. Coordinate statewide planning with appropriate state agencies [i.e. NE Public Health Laboratory (NPHS), State Patrol, Emergency Management Services (EMS), NEMA] and clinic planning regions;
- b. Develop and distribute plans that the state's designated clinic planning regions can use as templates for focused prophylaxis and/or vaccination delivery. Clinic planning regions will be comprised of the same geographic areas as the local health departments;
- c. Continually update the plan to reflect current resources and threats and disseminate the updates to the regions and other response partners;
- d. Identify and prioritize high-risk populations to receive vaccine and/or prophylactic medications;
- e. Develop and implement a statewide training plan and supporting materials (e.g. manuals, brochures, on-line and computer based training);
- f. Serve as the primary point of contact with the CDC in ordering, receiving and distributing vaccine, prophylactic medication, supplies and/or the National Pharmaceutical Stockpile across the State;
- g. Work with designated clinic planning regions to identify state and/or regional inventories of clinic supplies and outline a plan for timely and equitable distribution of supplies, vaccines and medications to clinic locations;
- h. Assist the CDC and clinic planning regions in receiving and disseminating national program updates, and communicating and disseminating accurate and timely information to the public concerning vaccine and/or prophylactic medication distribution;

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- i. Work collaboratively with public and private partners to educate the general population pre-event about potential bioterrorism and epidemic events and response activities that will be implemented, including the communication methods (i.e. websites, media) that will be used to update the public on the situation, clinic sites, preventative actions, etc.
- j. Develop and establish Memorandums of Understanding (MOUs) with identified clinic sites, storage facilities, suppliers, agencies and other partners, as appropriate.

k. Waste management?

2. Response

In response to a BT event, NE HHSS will:

- a. Ensure timely, appropriate and equitable distribution of vaccine, prophylactic medication and supplies (medical supplies, forms, educational materials, etc.) throughout the affected areas;
- b. Provide on-going consultation and assistance, as needed, to the regions' clinics;
- c. Conduct clinic site visits;
- d. Coordinate overall evaluation of vaccination and prophylaxis efforts statewide;
- e. Maintain, consolidate and analyze data and provide feedback to clinic planning regions concerning the effectiveness of clinic activities, control measures, follow-up activities, proportion of targeted populations vaccinated and/or treated, and vaccine and/or prophylactic medication inventories.
- f. Work collaboratively with federal, state and local partners to provide ongoing information to the public on the situation and response activities taking place.

B. Designated Clinic Planning Regions

Designated clinic planning regions cover the same geographical area as the local health departments.

1. Preparation

In preparation, the designated clinic planning regions will:

- a. Review and use this document to prepare for and provide mass clinic services;
- b. Be familiar with the contents of the document, including the disease/incidence appendices;
- c. Identify and delineate a clear command structure for the region, with defined roles and responsibilities, including a designated contact/liaison with NE HHSS staff;
- d. Assess and define partnerships with the region's local organizations which may be involved in providing clinic services (i.e. EMS, private medical providers, community action agencies and other community based organizations, community medical clinics, nursing homes, hospitals,

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- schools, extension agencies, universities and colleges, student health centers, businesses, media, volunteer organizations);
- e. Summarize the region's estimate vaccine and prophylactic medication needs. *(Pages ____)*
 - f. Identify clinic locations and secure storage sites for vaccine, medication and clinic supplies;
 - g. Ensure that clinic supplies (other than vaccine and/or prophylactic medication) are readily available, either locally or from the State;
 - h. Obtain medical authorization and standing orders for administration of vaccine and/or prophylactic medication at clinics. *(Check to see if an MD must be on site in order to administer)*
 - i. Collaborate with NE HHSS as outlined previously.
2. Response
- In response to a BT event, the designated clinic planning regions will:
- a. Activate the plan to operate clinics, ensuring timely and equitable distribution of vaccine and/or prophylactic medication within the region, according to the prioritized populations identified;
 - b. Request necessary materials from NE HHSS and identified suppliers;
 - c. Coordinate communication activities with NE HHSS to ensure the messages are consistent, timely and appropriate;
 - d. Working with NE HHSS Office of Communications, distribute informational memorandums to physicians, hospitals, long-term care facilities, schools, universities, and major employers when necessary;
 - e. Collect and summarize clinic-related data (i.e. patient demographics; vaccine administration; vaccine/medication and supply inventory) and forward to NE HHSS;
 - f. Provide feedback and evaluation to NE HHSS following an event.

Other items to include (determine where in guidelines to put this information – whether in the clinic guidelines, the larger BT response plan, or both)

- *Solidify communications and responsibilities among federal/state/local officials and emergency agencies, press, safety, health, others*
- *Consider locating clinic coordination staff with emergency operations staff for better coordination and communication*
- *Outline plan and responsibilities for ongoing monitoring of clinic activities and utilization in order to provide regular updates to public regarding “wait time”, etc.*
- *Conduct regular briefings with collaborating partners (federal, state and local) in order to evaluate activities, anticipate future issues, etc.*

IV. ADVANCE PLANNING

A. Scope of Response

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Command structures for responding to bioterrorism attacks are being established through the Bioterrorism Response Plan for the State of Nebraska. Following established protocols ensures a coordinated response during an event. Contact lists are being developed which identify the technical staff responsible for surveillance and response measures. Data from epidemiologic investigations done by designated public health officials, in coordination with the CDC, will delineate the size and scope of the event. The amount of vaccine and/or prophylactic medication available and the possibility that additional new and epidemiologically related cases will be identified in subsequent days will influence the degree and scope of the response necessary to prevent and protect.

The following lists of services, businesses and personnel will be generated by the designated clinic planning regions. The information will be used by the regions to formulate each region's individualized response plan. The lists will be kept within each designated clinic planning region and on file at the State.

- Public Health Strike Force
- Persons vaccinated pre-event ("first line responders")
- High risk populations and prioritization
- Clinic region's "administration" teams, including the regional clinic administration supervisor, trained nurses and others who are credentialed to administer pharmaceuticals
- Other clinic personnel and volunteers
- Clinic location contacts
- Clinic support services (emergency services, law enforcement, sanitation, etc)
- Regional hospitals
- Clinical laboratories
- Pharmacies
- Translators/language lines

In addition, regions may want to generate and maintain information regarding:

- Area industries, businesses and capabilities (i.e. refrigerated storage facilities; trucking firms; schools; public auditoriums; media)

B. Estimating Vaccination and Prophylactic Medication Needs

1. Pre-Event

For any event and level of response, there will be a group of individuals who should be prioritized to receive vaccine and/or prophylactic medication. The HHSS Medical Director will use an **Ad Hoc Vaccine Advisory Subcommittee of the NE Bioterrorism Advisory Committee** to advise NE HHSS on the administration of vaccines and/or prophylactic medications to certain pre-designated individuals and identified target populations. The structure of the subcommittee advisory group will be similar to a hospital ethics board. The members will acknowledge that their decisions center around potentially conflicting values and that a key question to address will be, "What are we intending to prevent?" (i.e. death, serious illness, overall burden of illness, economic and productivity loss). The

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advisory group will be broadly representative and will include, at a minimum, an epidemiologist, state and local public health officials, an ethicist, a representative of the NE Legislature Health and Welfare Committee, a representative of the medical community and a citizen.

The subcommittee will be asked to identify a Public Health Strike Force that will be the first to receive vaccination and/or medication, preferably prior to an event depending on availability and medical appropriateness. The subcommittee will also identify and prioritize other target groups. The Subcommittee's recommendations will be based on:

- Federal guidelines and published research;
- The availability of vaccine and/or prophylactic medications;
- Specific job responsibilities related to the protection of the public's health;
- Morbidity and mortality data (international, national, state and local).

The rank order of the target groups may be modified as resources and morbidity change. Special attention will be paid to educating the medical community and general public about the Target Groups, including the rationale for the rank order, how the decisions were made, and what other prevention measures people can take.

In addition to the Public Health Strike Force (*Attachment or Figure ____*), pre-identified targeted groups might include:

- Laboratory personnel collecting or processing clinical specimens from confirmed, probably, or suspected patients.
- Health-care workers and public health personnel involved in the distribution of vaccine and/or prophylactic medication.
- Personnel involved with direct medical or public health evaluation, care, or transport of confirmed, probable or suspected patients.
- Persons responsible for community safety and security (e.g. police and firefighters).
- Groups likely to come into contact with infectious materials (e.g. laundry workers, medical waste handlers)
- Highly skilled persons who provide essential community services (e.g. power plant workers, telecommunications and electrical grid operators)

2. During an event

During an actual event, the targeted, high-risk category will also include persons exposed to the initial release. Face to face contacts of cases, household, or close contacts may be considered high-risk depending on the scope of response as determined by technical staff investigating the outbreak.

Each clinic planning region will maintain demographic information on the region and clinic contact personnel (Form 1: "Demographics – Clinic Planning Region"),

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pre-identified “High Risk/Immunize First” targeted populations (Form 2) and general population (Form 3: Population Characteristics – General Population). Regions may also want to generate and maintain information regarding area industries, businesses and capabilities (i.e. refrigerated storage facilities; trucking firms; schools; public auditoriums; media).

All residents may be at risk depending on the biological or chemical agent used. For this scenario, general population estimates should be used to determine vaccine and/or prophylactic medication requirements by proposed clinic site.

These estimates should be recorded in advance for each clinic site (Form 5). May need to move this statement. These estimates may differ throughout the year if an area has large transient populations (e.g. university students, seasonal workers). Since some of these fluctuations are predictable, they should be considered in the plan’s estimates.

Each region should plan for a high percentage of persons to attend clinics due to “fear factor”. (Those from outlying or bordering areas will possibly replace the number of people in a community that choose not to attend clinic). Remember that depending on the event, distribution procedures will need to be evaluated in the presence of severe vaccine and/or prophylactic medication shortages, moderate shortages, and in the presence of no shortage.

The summaries (Forms 2 and 3) will be used when estimating vaccine and medication needs. All regional information will also be forwarded to the central HHSS BT Response data file.

SPACE SAVER

Form 1: “Demographics – Clinic Planning Region”)

Form 2: “Pre-identified “High Risk/Immunize First” targeted populations”

Form 3: Population Characteristics – General Population

C. Security Considerations

Specific security needs should be formally assessed and incorporated into planning efforts to support large-scale vaccination programs. Provision of appropriate security should be made for the following: (*Reference NPS*)

- Vaccine storage sites (clinic and non-clinic) to include security personnel and locked, limited access areas for vaccine storage
- Backup power sources (generators) should be identified for all sites where vaccine is stored (vaccination clinics and storage sites).
- Vaccination clinic sites: security personnel for crowd control, traffic movement, clinic personnel safety, etc.
- Vaccine transportation to storage sites and dispensing clinics.

D. Clinic Site Selection

Each region should identify non-hospital locations where vaccine and prophylactic medications could be administered for case contacts and large numbers of the general public. Proposed sites should be visited before making final selections. For each site selected, prepare the following:

Written plan for physical layout

Clinic site selection criteria sheet (Form 4)

Schools or sports arenas are the preferred location for any clinic larger than what can be held in the local or regional health department. Schools have parking lots, long corridors, large classrooms, cafeterias, private offices, and other immediately available resources such as tables, chairs, restrooms, and offer an ideal physical structure that can meet most clinics needs. Other sites that may be considered include conference centers, large churches or temples, or malls.

If the site does not have sufficient parking, offsite parking sites should be identified, with a plan that outlines how clients will be transported from the offsite lot to the clinic. (i.e. identification of vans or buses, drivers, schedules, etc.). According to the NE Dept. of Education, public school buses can be used for transportation to and from clinics. Clinic coordinators will need to work closely with the school administrators to set up this service.

Other considerations:

Non-transportable populations (i.e. nursing homes, prisons, retirement communities)

High density residential units (i.e. apartment or housing complexes)

Rest areas for staff if working greater than 8 hour shifts

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Form 4. Clinic Site Selection Criteria

Clinic Site Selection Criteria Sheet	
Clinic Site:	
Address:	Town
Site Coordinator	
Telephone	24/7 telephone number
SELECTION CRITERIA	
	Protected from weather; adequate climate control (heating and air conditioning)
	Multiple rooms that ensure adequate space for large crowds, intake, briefing, screening, vaccine or prophylaxis administration, and medical emergencies. Adequate space to contain long lines inside. The site should be large enough to handle the target population with "room to spare".
	Adequate power sources for equipment and hygiene for workers and public; access to water and electricity
	Familiar and accessible to the public
	Adequate streets to handle traffic flow to and from site
	Adequate parking and/or public transportation
	Storage for large amounts of supplies and waste
	Adequate restrooms/space for portable restrooms if necessary
	Accommodation available for special needs (e.g. wheelchairs)
	Communication including telephone and FAX
	Secure or can be made secure with adequate law enforcement personnel
	Equipment resources available on site (i.e. AV equipment; room dividers, cots, power strips – list items and quantities on reverse side)
	Tables and chairs on site (quantity)
	Additional rooms for screening, staff, data entry, communications, etc.
	Waste disposal
	Storage space (square footage; secure)
	Adequate backup power sources (generators)

Comments

V CLINIC OPERATIONS

A. General Concepts

- The number that can be vaccinated or prophylactically treated in one hour will vary, depending on the vaccine and/or medication being administered. A clinic's capacity will also vary depending on the physical layout of each clinic, the speed of screeners, immunizers and other factors. During an actual response to a BT event, the vaccine and/or prophylactic medication estimates will need to be re-evaluated periodically.
- Clinics must have clearly marked entrance and exit points with adequate "waiting" space for groups of people seeking prophylaxis and/or vaccination.
 - Security staff should be posted at both locations to maintain order.
 - Depending on the event, separate clinic sites may be needed for 'exposed persons' (persons having or suspected as having contact with cases). However, resources to handle 'exposed' persons must also be available at the 'public' sites.
 - It is vital that sick individuals be identified quickly and removed from the clinic site to avoid exposing large amounts of people. At least one trained volunteer or clinician should be dedicated to observing clients for signs of illness as they arrive at the clinic.
- Traffic flow within the clinic should be controlled and should follow a logical path from the clinic entry to the exit. Keep the line(s) moving at all times. A linear path of traffic flow from entry to exit on opposite sides of the facility is optimal. However, it may be necessary to set up serpentine lines (similar to those used by amusement parks) using rope or some other temporary barrier.
- **The clinic site should have multiple rooms so that triage staff ('greeters'), educators and registration staff should be located in separate rooms, away from the vaccine administration station.**
- It is likely that the registration and medical screening processes will be the most time-consuming clinic activities. Sufficient staff should be assigned to move person through these areas quickly, to keep a steady flow of persons to the vaccination/dispensing area.
- Trained employees should monitor the vaccine supply to ensure that vaccine is kept cold and to ensure that excess amounts of vaccine are not drawn up "ahead" and then possibly left over and wasted, at the end of the clinic.
- It is advisable to have one person monitor all supplies. Each station should be set up with adequate supplies at the beginning of the clinic, and then replenished as needed. Having one person in charge of supplies helps to avoid wastage and to keep people from "helping themselves" to supplies and opening multiple boxes/packages of the same item.

B. Stations

Suggested clinic stations and traffic flow are diagrammed on Sample Flow Chart 1. Each clinic site will need to customize the stations and traffic flow in accordance with the size and layout of the building and grounds, the number of clinic

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staff available and their skills, and the targeted number of clients to be served per hour.

1. Triage and Initial Screening

Highly trained volunteers or clinical staff quickly interview clients, as they arrive at the site.

a. Separate and direct clients to the appropriate station according to the following:

1) Registration and Sign-In

Well persons who fit the eligibility criteria. Signs should be posted at the entrance, listing eligibility criteria and contraindications.

2) Medical Station

- Females who are or may be pregnant;
- Persons who state that they have a medical condition that may be a contraindication for vaccination and/or prophylaxis. Post signs, listing contraindications.
- Those with suspected illness and symptoms are directed immediately to the Medical Station. When appropriate, standard precautions (face masks, gloves, etc.) should be followed in accordance with EMS and HAZMAT guidelines.
- Those with documentation of previous prophylaxis and/or vaccination

b. Well individuals are provided educational material and consent forms and directed to the education/video orientation rooms. These rooms are the first point of entry for clients seeking administration of vaccine and/or prophylactic medication.

2. Education/video orientation rooms

a. Persons must show the 'gate keeper' their educational materials and consent form (which doesn't have to be completed yet) to enter the education/video orientation rooms.

b. 'Gate keepers' will stamp clients' hands as they leave the rooms, verifying that the persons have been provided the education information.

c. Instruct clients to carefully read and complete the Information Form/Request to Receive Vaccine and/or Prophylactic Treatment and have it ready to present at the Medical Screening and Registration station.

3. Medical Screening and Registration

Establish eligibility to receive vaccine and/or prophylactic medication. Review address, identification, referrals, or any information needed to determine eligibility;

Conduct counseling and review of the most current Information Statements; two-way verbal communication is essential to obtain informed consent, especially with non-English speaking individuals.

Discuss precautions and contraindications prior to administration, according to the latest CDC recommendations.

Ensure signature/documentation of consent.

Refer to Vaccination/Prophylaxis Administration Station or to Medical Station if there are questions.

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4. Vaccination/Prophylaxis Administration Station
Vaccination and/or prophylaxis administration takes place at this station.
 - a. Assure counseling was given to client prior to administering vaccine and/or prophylactic medication.
 - b. Verify that there are no contraindications to receipt of vaccine or prophylactic treatment.
 - c. Administer the vaccine or prophylactic medication in accordance with established protocol. (See Annexes for information on specific vaccines and treatment drugs.)
5. Post-vaccination/post-treatment station
Provide the recipient with documentation of vaccination and/or prophylactic medication.
Give instructions regarding importance of completing medication, or returning for additional doses of vaccine. Inform patients of tracking/recall procedures.
Provide recipients with Standing Orders and if appropriate, an Emergency Kit, for possible reactions to vaccine/first dose of medication. (See disease-specific appendices).
6. Vaccine/Medication Prep Area
Staff prepares vaccine for administration
Staff stock the Vaccine/Prophylaxis Administration Station.
Staff repackages medications into individual doses/quantities.
The Supply Manager or Pharmacy Manager maintains a centralized inventory of vaccine and/or prophylactic medication, and other supplies.
 - a. The Supply Manager or Pharmacy Manager ensures that all stations are continually stocked with adequate inventories of all necessary supplies.
7. Medical Station
 - a. The following persons are referred to the Medical Station:
Persons with possible contraindications to vaccines or prophylactic treatment drugs;
Persons with a recent history of selected illnesses or who may currently be ill;
Persons who have medically related questions that can not be answered by the Registration Staff.
 - b. The Site Physician/Physician's Assistant/Certified Nurse Practitioner will assess the clients regarding administration of the vaccine or treatment drug. Clients may be referred to their private health care providers for a more comprehensive assessment.
 - c. Arrange for ill clients to exit the building through an identified exit that is not part of the clinic flow pattern.
 - d. If appropriate (See Disease-specific Annexes), arrange for transportation to the nearest care facility with the least exposure to other clients.
 - e. Persons who suffer a medical emergency are treated at the medical station. An emergency kit and supplies, and ambulance are on site for medical emergencies.
 - f. Medical Station staff will maintain a record of persons seen, reasons for the assessment and action taken, including basic identification and

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demographic information, in case there is a need to contact the client at a later time. (See Form 6)

8. Interpretation Station

- a. Assist persons who are unable to read and/or write English;
- b. If the person does not speak English, assist as needed in reading, writing and/or interpreting.
- c. Provide information in foreign languages and provide interpreters to ensure that the clients understand the information, are appropriately screened and complete all necessary documentation.
- d. Interpreters may need to accompany non-English speaking persons through the clinic.
- e. Interpreters may be placed strategically through the clinic to ensure that there is assistance as needed.

=====

Form 6

Mass Clinic Medical Station Referral Patient Assessment Information

Date _____ Time _____ Clinic Site _____
Patient Name (first, last) _____ DOB _____
Patient Address (St./Box; Town, State) _____
Telephone (work) _____ home _____ cell _____
Reason for assessment _____

Action taken _____

Attending practitioner (print) _____
Signature _____

(Triplicate form: Original – clinic site; 2nd copy – patient; 3rd copy – for referral provider/patient's physician)

=====

C. Supplies and Equipment (*Make consistent with the NPS plan*)

HHSS will identify a State central storage site and regional supply storage facilities, consistent with the NPS plan (HUB and sub-HUBs). The State will store supplies and pharmaceuticals, based on volume, perishability, how easy it is to obtain an item and ease of redistribution. Supply managers will be identified at the State and regions to oversee storage and redistribution. Vaccine, medication and supply distribution and

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redistribution in each region will be done with direction from HHSS and Emergency Management.

State and regional responsibilities:

1. Ensure personnel and protocols are in-place for quality assurance: monitoring and maintaining appropriate storage temperatures, checking lot numbers and expiration dates.
2. Establish contacts and procedures for obtaining all other necessary supplies within 24 hours of an emergency. HHSS will obtain memorandums of understanding with suppliers.
3. When appropriate to facilitate the delivery, storage and set-up of materials in the clinic area, share clinic site plans, clinic flow charts, and other anticipated needs, in advance, with managers at identified clinic sites (i.e. school administrator), clinic staff, suppliers and other collaborative partners.
4. Establish inventory control systems. (See Form 7 for list of possible supplies.)
5. HHSS will use the current inventory management inventory system to track vaccines and prophylactic drugs.
6. Staff will monitor supply distribution based on available information about the scope of response, clinic capacity, and existing on-site inventory. The supply manager is responsible for maintaining inventory and monitoring its distribution. Supply managers should be trained in advance on procedures for ordering supplies and maintaining inventory. The correct procedures for handling medications and vaccines should be emphasized.
7. HHSS will work with private trucking firms to use dedicated trucks, staff, and drivers and preplanned routes to deliver supplies to identified storage and clinic sites.
8. HHSS will obtain required forms (Vaccine/Drug Information forms; vaccine records; Contraindications, etc.) from CDC or HHSS will make arrangements for printing locally.

Form 7 Advance Planning Supply List for Regions

Date Received	Quantity	ITEM
		VACCINES/PROPHYLACTIC DRUGS
		<i>(specify)</i>
		INFORMATION MATERIALS
		Informed consent slips
		Vaccine/Drug Information Statements (VDIS)
		IND forms
		Contraindication information
		Adverse event diary
		Vaccine Adverse Event Report (VAERS) forms
		Reminder/recall/vaccine "take" cards for clients—specific to Vaccine/Prophylactic Medication being administered
		Small pox
		Anthrax
		Influenza
		Orientation videos
		CLINICAL SUPPLIES
		Biological waste containers (i.e. 12 gallon size)
		Syringes
		<i>(specify size)</i>
		Needles
		<i>(specify length & gage)</i>
		Sterilized bifurcated needles (smallpox clinics)
		Latex gloves
		Size: sm.
		med
		lg
		Latex-free gloves
		Size: sm.
		med
		lg

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		Alcohol wipes
		Acetone
		Spot band aids
		Rectangle band aids
		4" by 4" pads
		Electronic thermometer
		Table pads/paper rolls to cover tables
		Paper to cover tables
		Antibacterial hand washing solutions
		<i>Cloth towels ??</i>
		Paper towels
		Paper gowns for persons whose clothes do not give ready access to arm
		Gauze
		Adhesive tape
		Bleach solution and spray bottle
		Acetaminophen elixir samples
		Acetaminophen drops samples
		Acetaminophen children's chewable (80 mg)
		Acetaminophen adult tablets
		Portable coolers for transport/handling of vaccine
		Size
		Pill-counting machines and/or trays (if needed)
		Pill Bottles and Lids
		Drug counting Spatulas
		Labels
		Reusable ice packs (3-5 per station)
		Emesis basin
		Asthma inhaler
		EMERGENCY KIT
		Copies of Standing orders and protocol for emergencies
		Ampules epinephrine 1:1000 SQ or Epi Pen
		Ampules diphenhydramine (Benadryl) 50 mg IM

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		3cc syringes with 1", 25-gauge needles
		1 ½" needles
		Tuberculin syringes with 5/8" needle, for epinephrine
		0.9% Sodium Chloride
		5% Dextrose
		IV Starter Kits (solution and tubing)
		Spirit of ammonia
		Alcohol swabs
		Tongue depressors
		Pediatric pocket mask with one-way valve
		Adult pocket mask with one-way valve
		Pediatric airways
		Adult airways
		Tourniquets
		Oxygen tank with tubing
		Gurney
		Stethoscope
		Blood Pressure Cuff (Adult and pediatric)
		Cots
		Blankets
		Pillows
		Kleenex tissues
		ER report form (<i>Develop</i>)
		PAPERWORK AND OFFICE SUPPLIES
		Copies of standing orders for vaccines and prophylactic medications
		Small pox
		Anthrax
		Influenza
		Regional contact list (multiple copies)
		Signage (English, Spanish, and other languages)
		External—entrances and exits
		Internal—Clearly marked areas, lines, stations

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		Biohazard
		Contraindications posters
		Other posters specific to vaccines and prophylactic medication
		Public information materials in English, Spanish, and other languages
		Screening questionnaires
		Box cutters
		<i>Hand Truck/Doly</i>
		Small two tiered cart for moving supplies
		Janitorial supplies (mop, bucket, broom, etc.)
		Calendars
		Sound systems
		Sound barriers
		Clipboards
		Pens (for clinic staff and clients)
		Envelopes
		<i>Size</i>
		Blank paper
		Rubber bands
		Tape
		Post-it notes
		Date stamps
		Paper Clips
		Staplers/staples
		Scissors
		Boxes for storage and transport
		File boxes
		MISCELLANEOUS MATERIALS
		Backup generators
		Garbage containers and trash bags
		Cell phones, Extra plug-in telephone
		Two-way radios

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		Pagers
		Tables
		Chairs
		Drinking water and cups
		Photocopy machine
		FAX machine
		Computers and internet access
		IDs for staff
		Name tags
		Identifying clothing (i.e. baseball caps)
		List of emergency phone numbers
		VCR or DVD player (for client education)
		Radio (preferably with at least one hand crank radio or radio with extra batteries)
		Flashlights and extra batteries
		Yellow "caution" tape or something similar to define waiting lines/areas
		Room divider screens

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D. Personnel and Logistics

Recruit clinic coordination staff in advance. Coordination staff include persons, paid and volunteer, who will oversee specific activities, oversee supporting staff, and/or oversee more complex tasks (i.e. screening). Clinic site information, including coordinating personnel, should be summarized on Form 5. This information should be on file with the local health department, the LEOP and NE HHSS.

Form 5

Mass Clinic Site Information Sheet

Region_____ Location (i.e. Norfolk High Gym)_____
Site Street Address_____ Town_____ Co_____
Site Telephone:_____ Site Fax:_____
Site Coordinator (24/7 contact)_____
Telephone: Home_____ Work_____ Cell_____

Estimate of Target Population_____ Estimated Site Capacity_____
Estimate of number that can be vaccinated per hour (based on capacity)_____
Days Required to Vaccinate Target Population_____

Clinic Personnel (Name)	Phone #1	Phone #2	Cell
Med. Dir.			
Nurse Manager			
Supply Manager			
Clinic Security			
Volunteer Coord.			
Translator			
Others (i.e. sanitation, EMS)			

Comments

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Staff will receive training on the overall clinic operations and the specific task(s) that they will be responsible for. Staff will also be provided with clinic manuals and/or job descriptions, outlining their responsibilities. Advance training will also be provided for other staff that will take on clinic related activities but who may not actually be working in the clinics. (I.e. staff assigned to answer hotlines, process paper work from clinics, and carry out other "normal" public health functions)

1. Administrative Personnel

Depending on scope and size of the response, significant administrative resources may be needed to process 'doses administered' forms, vaccination records (including data entry), and information requests from the medical community and the general public. Policies must be in place for awarding compensatory time and/or paying overtime. New priorities for duties and responsibilities must be established and communicated to front line staff as quickly as possible.

Administrative personnel can use Form 8 **Personnel and Logistics – Advance Planning Checklist** to guide them in preparation and implementation.

2. Clinic Personnel

Assumption: Administration of vaccine and/or prophylactic medications are very labor intensive. Some vaccines and medications are more labor intensive than others (i.e. measles vaccine can be administered more quickly than smallpox vaccine). See disease-specific appendices for estimates of the manpower needed to operate a mass clinic.

3. Clinic Job Role Descriptions

- a. Site Physician/Physician's Assistant/Certified Nurse Practitioner: Final authority on all medical questions, *primary media contact*.
- b. Nurse Clinic Manager: Assigns/directs all those administering vaccines and prophylactic medication; assists on-duty staff at all stations (e.g. vaccine/prophylactic medication, sick, and screening) as needed.
- c. Pharmacy Manager: Oversees repackaging of all medications and all other pharmacy related activities. In charge of vaccine/prophylactic preparation station.
- d. Supply Manager: Ensures adequate vaccine/prophylactic medications and supplies are taken to the clinic site. Maintains all supplies in a temporary "warehouse" on site and maintains vaccine cold-chain. Issues supplies/vaccines to supply distributors as required. Sees that all unused supplies and vaccines are transported back to point of origin and properly stored.
- e. Security Coordinator: Oversees personnel assigned to security activities at the clinic site; assists the clinic manager in making duty assignments of security personnel; determines appropriate number of security staff necessary according to clinic size and location; maintains a list of

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- authorized clinic staff and their phone numbers; assigns and coordinates use of cell phones and pagers; establishes staff check-in and check-out procedures; ensures all staff wear **ID badges**; maintains communication with local law enforcement and EMS officials.
- f. Volunteer Coordinator: Oversees volunteer activity at the clinic site. Coordinates recruitment and training of volunteers. Provides job descriptions and defines roles/responsibilities. Maintains volunteer roster and activates volunteer network when needed. Maintains accurate records of volunteer hours.
 - g. Medical Gatekeeper: Assist security in assessing clients as they first arrive at the clinic site. Should be a highly trained volunteer or clinician who screens for obvious signs of illness. Directs sick persons to Medical Station or arranges transportation to primary care site.
 - h. Medical Station Staff, including Site Physician/Physician's Assistant/Certified Nurse Practitioner and paraprofessionals:
 - 1) Evaluate clients who may have possible contraindications to vaccine and determine whether the client can receive the vaccine and/or prophylactic medication or whether the client needs to be referred to his/her primary care provider for further evaluation.
 - 2) Evaluate persons who are or may be ill to determine whether the client can receive the vaccine and/or prophylactic medication or whether the client needs to be referred to his/her primary care provider for further evaluation. If the client may be ill with a reportable communicable disease or condition that may need additional follow-up, obtain basic information on the client and illness/condition (Form __) and forward the information to designated Disease Investigation Specialists (DIS) for further investigation.
 - 3) Answer medical questions. When necessary perform physical examination of patients who state they may be or are ill or who may have conditions that may constitute contraindications.
 - i. Triage/Greeters: Greet and conduct initial orientation of potential Vaccine/Prophylactic Medication recipients upon their arrival; provide basic information (verbally or with a video presentation); distribute informational material and forms to be filled out. Send ill persons, persons with recent case contact, or persons with possible contraindications to vaccine and/or prophylactic medication to the Medical Station.
 - j. Registration Staff: Review each vaccine recipient's forms for completeness and accuracy; assist clients with completing documents. Send ill persons, persons with recent case contact, or persons with possible contraindications to vaccine and/or prophylactic medication to the Medical Station.
 - k. Immunizers/Administrators/Witnesses: (Nurses, EMS personnel, Physicians) Verify that there are no medical contraindications to vaccination and/or receiving the prophylactic medication. Vaccinate and/or administer the medication; complete HHSS documentation of administration (See Appendices for documents). Sign or provide the client

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with verification of administration. Observe vaccine recipients for immediate reaction or complications. Each administration table is staffed by immunizers/administrators and 'witnesses'. The witnesses and the administrators trade off responsibilities; the administrators become witnesses and the witnesses become the administrators. This assures that the administrators do not become fatigued and that there is sufficient 'back-up' and assistance for any unusual or emergency situations.

- l. Immunizer Assistants: Assist the immunizer with all aspects of pre- and post- vaccination and/or prophylactic medication administration activities. Ensure that administration station maintains adequate supplies; if necessary, assist recipients in preparing the vaccination site (i.e. roll up sleeve, remove arm from shirt/blouse); clean vaccination site, if necessary; apply dressing to the vaccination site; instruct clients about care and changing of the dressing; possible side effects and treatment of the side effects, etc.
 - m. Post-immunization: Provide the recipients with records of vaccination/treatment. Ensure that recipients have been provided information on possible side effects, care of injection sites, pain-fever management related to vaccine side effects, emergency contacts, and any other related information.
 - n. Forms Collectors: Verify that forms are correctly completed; collect all necessary forms from recipients before departure.
 - o. Supply Distributor(s): Obtain supplies from Supply Manager to keep vaccination/administration stations adequately supplied. Also, transports pre-drawn syringes or measured doses from the "mixing station" to the Immunizers as needed (if this method is used in the clinic).
 - p. Crowd Controllers: Personnel should be stationed every few yards along waiting lines to distribute Vaccine Information Statements (VISs), answer questions, monitor clinic flow, and check for ill persons.
 - q. Security: Ensure an orderly flow of traffic and parking at the clinic site; assist in maintaining orderly movement of Vaccine/Prophylactic Medication recipients through the clinic; provide necessary control if persons become unruly; assist supply officer in maintaining security of prophylaxis medications/vaccine and other clinic supplies.
 - r. EMS: Local EMS should be on site or in very close proximity during clinics to respond to medical emergencies.
 - s. Recovery Area Staff: Available to client who is faint or having a reaction to a vaccine; assess client condition and provides care as needed.
4. Role of Volunteers
- Volunteers are a critical resource and can perform a variety of functions.
- a. Triage:
Help separate people to be vaccinated and direct to appropriate areas.
 - b. Registration and Sign-in:
 - 1) Document name of person. Confirm review of the current VIS.

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- 2) Have individuals sign-in on clinic roster
- 3) Ensure that client information is completed.
- 4) Conduct preliminary screening related to contraindications
- 5) Direct to appropriate vaccination station;
- 6) Or if there are medical or other questions, refer the client to the Medical Station.
- c. Vaccine/Administration
 - 1) Translate for staff
 - 2) Assist in completing prophylaxis/vaccination records
 - 3) Encourage individuals to keep records on their person at all times
 - 4) Inform individuals about vaccine “take” and any additional doses needed of medicine/vaccine.
- d. Medical Station
 - 1) Obtain general identification information from client, such as demographics and condition needing further assessment (Figure 6).
 - 2) Provide translation as needed.
- e. Interpretation Station

Staffed by trained volunteers, fluent in foreign languages, who:

 - 1) Assist persons who are unable to read and/or write English;
 - 2) If a person does not speak English, assist as needed in reading, writing and/or interpreting.
 - 3) Provide information in foreign languages and provide interpreters to ensure that the clients understand the information, are appropriately screened and complete all necessary documentation.
 - 4) Interpreters may need to accompany non-English speaking persons through the clinic.
 - 5) Interpreters may be placed strategically through the clinic to ensure that there is assistance as needed, throughout the clinic.
5. Support Personnel

Support personnel may include fire fighters (including HAZMAT), law enforcement, private suppliers (portable restrooms, tables, chairs), courier services, data entry, mail delivery (US, UPS, FedEx.), laundry services, medical supply companies, hospital and private clinic personnel, public transportation management and workers, and sanitation workers.

Form 8 **Personnel and Logistics—Advance Planning Checklist**

	<p>Update and maintain call lists for each Regional and Local Health Office and Regional Trauma Units:</p> <p>Medical (nurses, EMTs, PAs, pharmacists, social workers)</p> <ul style="list-style-type: none"> • Logistical (clerks, record keeping, materials and supply management, messengers/couriers, people movers) • Communication • Security (police, military, traffic control) • Volunteers
	Follow BT plan for command structure and operations: medical, logistics, communications, and security. Follow command structure with clear delineation of assignments and responsibility.
	Assess current partnerships with organizations (i.e. Emergency Management, Private Healthcare, Skilled Nursing/Long Term Care, Human Services, Schools, Business and Industry, Media, Voluntary Organizations, Hospitals, Home Health)
	Follow job descriptions as outlined in BT plan
	Adapt set-up diagrams for regional clinics, showing location of personnel by job title
	Ensure that the proper chain of authority and contact is set up in accordance with the bioterrorism planning department. Establish local contact for clinic sites.
	ID Badges – Print, distribute to all staff (need badges, lanyards, sign-in and sign-out sheet of personnel)
	Ensure that all non-health department personnel administering vaccine/prophylactic medication such as volunteers are working under the auspices of the regional office.
	Establish policies and financial support to ensure personnel will be fairly compensated for working overtime
	Establish back-up plan for provision of "regular" public health services in the event of personnel reduction in force
	Ensure availability of translators for all levels of clinic (i.e. security, screeners, nurses, emergency)
	Ensure that appropriate personnel attend advance training sessions (i.e. smallpox vaccination, VAERS, precautionary measures and guidelines)
	Review security procedures for vaccine distribution and storage. Review procedures for vaccine/prophylactic medication transport.

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	Develop security plans for crowd control, traffic control, clinic personnel, materials/supplies/equipment at each clinic site.
	Develop plan to transport workers, supplies/materials/equipment to clinic
	Develop procedures for transferring sick people to a definitive care site if necessary
	Review public transportation system, and other issues related to clinic access
	Establish procedures for the distribution of medications to people that cannot come to the mass medication dispensing centers (can a family member obtain medication for children at home or for an invalid family member)
	Establish procedures for segregating sick people from exposed but asymptomatic people at clinics
	Develop Quality Assurance plan
	Assure adequate staff to use the LINKS system for tracking, follow-up, and recall if necessary
	Develop procedures for shutting down clinic

E. Emergency Protocol

Each clinic site should have an ambulance, appropriate equipment and treatment drugs, and emergency response personnel on site. Sites will use established EMS protocol to respond to emergencies at the site.

Need to develop specific emergency protocol to address allergic reactions, fainting, heart attack, other medical emergencies.

VI TRAINING

Advance training is vital to ensure a coordinated and appropriate response. NE HHSS will use of combination of techniques to train clinic staff across the state, including “train the trainer”, self-study modules, videos, written instructions, satellite sessions, face to face lecture and “hands on” experiences. Staff turn-over is an issue and therefore, to the degree possible, local and regional response agencies will be provided access to training materials. In addition, training updates will be needed to ensure that personnel have the most up-to-date information and protocol.

NE HHSS will identify individuals to participate in appropriate CDC “train the trainer” activities, who will then oversee the training of local staff, using CDC and Nebraska-specific materials. The following modules are being developed to address general

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mass clinic operations. Event-specific information and training are included in the annexes. *Need training calendar and training manual.*

Form 9 Training Modules

	TRAINING MODULES
	Disease/event overview, including transmission, communicability, scope of threat, vaccine/treatment drug side effects and contraindications – All staff
	Scope of Response/Control Measures—Epidemiologists, Physicians
	Inventory and Control—Supply Managers, Centralized Admin. Personnel, Immunizer Assistants
	Vaccine/Prophylactic Medication Administration—Physicians, Nurses, Pharmacists, Immunizer Assistants
	Screening, Registration—Medical screeners, Registration Staff, Forms Collectors
	Vaccine/Prophylactic Medication Management—Supply Managers, Physicians, Nurses, Pharmacists
	Clinic Management—Physicians-in-charge, Nurse Clinic Manager, Pharmacy Manager
	Security—Physician-in-charge, Nurse Clinic Manager, Pharmacy Manager, Crowd Controllers, Security Staff (law enforcement), Transportation Support Staff
	Emergency Procedures—ALL
	Vaccine Safety—Physicians, Nurses, Pharmacists, Immunizer Assistants, Medical screeners

VII. Public Education

- Use national, local and educational TV, radio networks and the NE HHSS web site to present uniform messages. **Planners should consider how these messages could be quickly developed, locally, to accommodate sudden changes in sites and/or recommendations.**
- On the NE HHSS website, post information and forms that the public can read prior to the clinic. Consent forms can be printed off and brought to the clinic. Other items of information might include vaccine information statements, consent forms, “take” information, contraindications, those who should not come to a mass clinic, adverse events.
- Establish lists of non-English speaking media outlets that can be used to deliver messages to immigrants/refugees and other non-English speaking communities.
- Messages (videos, tapes, press conferences, experts)

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- Pre-Event BT Messages – Advising population on various BT diseases and prevention and treatment messages; preparatory steps being taken by the health department (1 million in 10 day vaccination plan); methods to be used to inform public in case of impending event; outline of health department plan if an event occurs; adequacy of vaccine supply.
- Event Messages
 - State plan that is being put into operation, including:
 - urgency and patience, but not panic
 - plan regarding number of mass clinics
 - timing to prevent smallpox
 - vaccine supply
 - trained personnel
 - listing of collection areas where people will be picked up by buses
 - materials required to prove eligibility for admittance into clinic
 - listing of normal activities being suspended
 - hotline numbers
 - review of vaccine recommendations.
 - Frequently updated “wait-times” for vaccination clinics via multiple communication outlets (e.g., local television)

VIII Summary of Planning and Response Steps

In this chart, do we want to indicate who is responsible for the action?

	Action
	Investigate outbreak and determine scope of response.
	Select sites and times for high-risk clinics. Use contact lists to activate clinic personnel.
	Select sites and times for general populations clinics. Use contact lists to activate clinic personnel.
	Fill out clinic supply lists (see figure 6) based on population estimates at each clinic site.
	Order vaccine/prophylactic medication and necessary supplies.
	Arrange delivery of supplies to clinics.
	Activate security plan to protect supply depots and deliveries of clinic supplies.
	Through appropriate channels, Inform media partners of scope of response; date, time, location of clinics. Also, appropriate clothing if vaccination being given. Reassuring message that all possible measures are being taken to prevent further spread. State clearly what criteria are for whom will/will not be accepted for prophylaxis/vaccination.
	Conduct clinics for high-risk personnel.
	Fill out daily tally sheets at each clinic and submit to centralized supply depot and/or immunization program.
	Consolidate daily tally sheets onto one doses administered form and submit to LOPH/Immunization.
	Conduct clinics for general population.
	Fill out daily tally sheets and supply orders at each clinic and submit to centralized supply depot and/or immunization program.
	Consolidate daily tally sheets onto one doses administered form and submit on regular intervals to HE HHSS.
	Monitor inventory levels and re-order supplies as necessary.
	Conduct random checks of clients to ensure vaccine take.
	Arrange re-vaccination clinics if necessary.
	Evaluate effectiveness of clinics and overall response.
	Update policies and procedures based on experience and feedback from participants.

IX References, Attachments and Generic Forms

A. General

- *To the degree possible, generic forms are being drafted that can be used for any mass clinic situation. We are starting with smallpox specific forms and information and will amend accordingly.*
- Signs to direct clinic flow
- Posters announcing clinic dates, times, locations
- Summary of doses administered per clinic site and date
- Staff confidentiality pledge (required for payroll and volunteer staff) – Need to address this in text (??under duties, expectations)

X. Annexes

A. Smallpox

Annex 1

Annex 2

E_ BLANK

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F_ DEA REGISTRANTS

**Joann Schaefer, M.D.
Chief Medical Director
Health and Human Services System**

**Dan Noble, M.D.
Deputy Chief Medical Officer
Health & Human Services System**

**Chris Wright, M. D.
Medical Director, Medicaid
Health and Human Services System**

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name	Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS
NEBRASKA STATE RSS SITES										
Primary	Goodyear Hangar North	4521 Northwest 34th St.	Lincoln		Lancaster	Bob McNally		402-458-2423		YES
Secondary	Lancaster County Event Center	4100 N. 84th St	Lincoln	68529	Lancaster	Wayne Venter		402-441-6545		YES
Tertiary	Lancaster Bldg, State Fair Park									YES

Grand Island Hub - Central District Health Department										
Primary	Fonner Park	700 E. Stolley Park Rd	Grand Island	68801	Hall	Bruce Swihart		308.382.4515		YES
Secondary	GI Public Schools	123 S Webb Rd	Grand Island	68802	Hall	Dan O. Petsch		308.385.5900	308-385-5568	
Tertiary										
Hastings Subhub - South Heartland District Health Department										
Primary	Adams County Fairground	947 S. Baltimore Ave	Hastings	68901	Adams	Sandy Himmelberg		402.462.3247		402-462-4731
Secondary	City Auditorium (MOU pending)	400 N. Hastings Ave	Hastings	68901	Adams	Bruce Moore		402.461.4322		
Tertiary										
Kearney Subhub - Two Rivers Public Health Department										
Primary	Kearney Recycling Center	3007 E 39th Street	Kearney	68848	Buffalo	Steve Hart	308-234-6505	308-233-3206	308-440-7256	
Secondary	CashWa Distributing	401 West 4th Street	Kearney	68848	Buffalo	Tom Henning	308-237-3529	308-237-3151	308-440-6801	308-234-6018
Tertiary										
St. Paul Subhub - Loup Basin Public Health Department										
Primary	Howard County Road & Weed Dept	408 Elm St.	St. Paul	68873	Howard	Jackie Mayberry	308-754-5433	308-754-4980	308-750-0630	
Secondary	St Paul City Yards	954 13th Avenue	St Paul	68873	Howard	Charles Schmidt	308-754-4483	308-754-5363	308-750-0073(wknd)	308-750-5616 (week)
Tertiary						Ed Thompson	308-754-4483	308-754-5250	308-750-0073(wknd)	308-750-5616 (week)

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name	Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS	
LINCOLN HUB - Lincoln-Lancaster County Health Department											
Primary	Lincoln Airport Authority	3401 W. Luke Street	Lincoln	68524	Lancaster	Bob McNally rmcnally@lincolnairport.com		402-458-2423	402-770-4600	402-458-2499	
Secondary	Lancaster County Event Center	4100 North 84th St.	Lincoln	68529	Lancaster	Wayne Venter wvventer@lancastereventcenter.com		402-441-6545		402-441-6046	
Tertiary							402-441-7500 402-441-8744				
Beatrice Subhub - Public Health Solutions											
Primary	Public Works Building	500 N. Commerce St.	Beatrice	68310	Gage	Steve Kelly		402-228-5211	402-239-1291		No
Secondary	Beatrice Airport	3301 N. 6th St.	Beatrice	68310	Gage	Diana Smith	402-223-5105	402-223-5349	402-520.4201		No
Tertiary	Southeast Community College	West Scott Hwy 136	Beatrice	68310	Gage	Dennis Hendrick		402-228-8202			No
Auburn Subhub (Southeast Public Health Department)											
Primary	Auburn Wellness Center	601 J Street	Auburn	68305	Nemaha		402-274-4549			402-274-3967	
Secondary	Nemaha County Department of Ro	1619 27th Street	Auburn	68305	Nemaha						
Tertiary											
Seward Subhub (Four Corners Health District)											
Primary	Seward Ag Pavillion	400 North 14th Street	Seward	68434	Seward	Doug Brand	402-643-6488	402-643-3602	0	0	
Secondary	Seward 4H Building (Fairgrounds)	500 North 14th Street	Seward	68434	Seward	Doug Brand	402-643-6488	402-643-3602	0	0	
Tertiary	Memorial Hospital	300 North Columbia Avenue	Seward	68434	Seward	Listed Number		402-643-2971	0	0	

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name	Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS
NORFOLK HUB - Elkhorn Logan Valley Public Health Department										
Primary	Norfolk Public School Bus Barn	206 E. Northwestern	Norfolk	68701	Madison	Lyle Carmichael	402-371-9395	402-640-9261		
Secondary	Norfolk Beverage Company	2420 W. Omaha	Norfolk	68701	Madison	Dick Uhing	402-371-9591	402-371-2333		
Tertiary	City of Norfolk Maintenance Facility	1010 S. 8th	Norfolk	68701	Madison	Jim Koch	402-379-0170	402-822-2181		
Columbus Subhub - East Central District Health Dept										
Primary	AG Park	822 15th St.	Columbus							
Secondary	West Campus of East Central District Health Department	3806 Howard Blvd	Columbus							
Tertiary	East Campus of East Central District Health Department	2282 E. 32 Ave.	Columbus							
O'Neill Subhub - North Central District Health Department										
Primary	North Central District Health Dept.	422 East Douglas	O'Neill	68763	Holt	Peggy Hart peggy@ncdhd.info or Roger Wiese roger@ncdhd.info	402-358-5264	402-336-2406	402-360-1029 402-340-3086	402-336-1768
Secondary	St. Mary's High School	410 East Benton St.	O'Neill	68763	Holt	Candace Conradt		402-336-4455		
Tertiary										
South Sioux City Subhub										
Primary	South Sioux City High School	3301 G St	South Sioux City							
Secondary	South Sioux City Middle School	3625 G St	South Sioux City							
Tertiary										
Wayne Subhub - Northeast Nebraska District Health Department										
Primary	Wayne High School	611 West 7th Street	Wayne	68787	Wayne	Dr. Joe Reinert	402-375-5700	402-375-3150	0	3086353476
Secondary	Wayne Elementary School	612 W. 4th Street	Wayne	68787	Wayne	Dr. Joe Reinert				
Tertiary										

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name		Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS
NORTH PLATTE HUB											
Primary	Walmart										
Secondary	Sandhills Convention Center	2102 So. Jeffers, North Platte						308-532-9090			
Tertiary											
McCook Subhub											
Primary	NDOR, District 1	East Hwy 6 & 34	McCook	69001		Larry Peterson, Dist Maint Supt		308-345-8490			
Secondary											
Tertiary											
Ogallala Subhub											
Primary	Sandhills District Health Department	55 East River Road, #24 Ogallala									
Secondary											
Tertiary											

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name	Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS
OMAHA HUB - Douglas County Health Department										
Primary	Christ Community Church	404 S. 108th Avenue	Omaha	68154	Douglas	1. Israel Cordero, Property Mgr 2. Lorraine Street, Admin Mgr 3. Ian Vickers, Dir Community Rel	1. (402) 556-6337 2. (402) 964-0841 3. (402) 861-9617	1. (402) 330-3360 2. (402) 330-3360 3. (402) 330-3360,x334	1. (402) 598-5557 3. (402) 960-3385	0
Secondary	Capital Express	3326 S. 67th Street	Omaha	68106	Douglas	1. Dave Nieber, VP Admin & Res 2. Jack Johnson, President		1. (402) 592-9062 2. (402) 592-9062		
Tertiary	Nebraska Methodist Hospital	8303 Dodge Road	Omaha	68114	Douglas	1. Fred Massoomi		1. (402) 354-4340		
Quadary	Capital Express	10212 J St.	Omaha							
Auburn Subhub										
Primary	Auburn Wellness Center	601 J St.								
		Auburn								
Secondary	Nemaha County Dept of Roads	1619 27th								
		Auburn								
Tertiary										
Fremont Subhub										
Primary	Christensen Field	1730 Christensen Field Rd.	Fremont	68025	Dodge	Ken Walter, Director Fremc	402-652-8603	402-727-2810	402-720-3754	402-727-2834
Secondary						Chuck Calloway, maintena	402-721-2913	402-727-2784		
Tertiary										
Plattsmouth Subhub										
Primary	Cass county Sheriff Office	336 Main	Plattsmouth	68048	Cass			402-296-9370		
Secondary	Plattsmouth Middle School	1724 8th Avenue	Plattsmouth	68048	Cass	Mike Smith, Principal msmith@plattsmouthschools.org		402-296-3174		402-296-2910
Tertiary										

G_HUB, SUBHUB AND DISPENSING LOCATIONS

Name	Address	City	Zip	County	Contact Name & Email	Home #	Work #	Cell #	Fax #	STATE RSS
SCOTTS BLUFF HUB										
Primary	Nebraska Transport Company,	12225 County Club Road	Gering	69341	Scotts Bluff	Brent Holliday, www.nebt.com	3084364747	3086351214		3086353476
						Tony Lacy, www.nebt.com	3086350030	3086351214		
Secondary	Scottsbluff City Fire Station	1818 Avenue A	Scottsbluff	69361	Scotts Bluff	Dana Miller, dmiller@scottsbluff.org	3084363463	3086306229	3086413702	3086306203
		Scottsbluff, NE								
Tertiary	ScottsBluff County Airport Fire Station	250094 Roberts Road	Scottsbluff	69361	Scotts Bluff	Darwin Skelton	3087831482	3086327361	3086317449	
Alliance Subhub										
Primary	Box Butte General Hospital	2101Box Butte Ave.	Alliance	69301	Box Butte	Mary Mockerman	308-760-2424	308-762-6660		
Secondary										
Tertiary										
Chadron Subhub										
Primary	Chadron Community Hospital	821 Morehead	Chadron	69337	Dawes	Cheryl Cassiday		308-432-5586		
Secondary										
Tertiary										
Gordon Subhub										
Primary	Gordon Memorial Hospital	300 East 8th Street	Gordon	69343	Sheridan	Anita Yardley		308-282-0461		
Secondary										
Tertiary										
Sidney Subhub										
Primary	Memorial Health Center	645 Osage Street	Sidney	69162	Cheyenne	Cathy Arterburn		308-254-4239		
Secondary										
Tertiary										
Oshkosh Subhub										
Primary	Garden County Hospital	1100 West 2nd Street	Oshkosh	69154	Garden	Julie Transmeir		308-772-3283		
Secondary										
Tertiary										
Kimball Subhub										
Primary	Kimball Health Services	505 South Burg	Kimball	69145	Kimball	Sylvia Lichius		308-235-1952		
Secondary					86 of 118					

H_ Repackaging Agreements and Contacts

Dean Sidney J. Stohs, Ph.D.
Creighton University Medical Center
School of Pharmacy and Health Professions
2500 California Plaza
Omaha, NE 68178

Gomer Taylor, R.P.
District Manager
Walgreen Drug Company
6901 Dodge Street
Omaha, NE 68132

Jeffrey Hines, R.P.
District Manager
Walgreen Drug Company
5730 R Street
Suite E
Lincoln, NE 68505

I_ TRUCKING COMPANIES

Tom Pirnie
Grand Island Express
432 Stuhr Road
Grand Island, NE 68801

Jack Peetz
Crete Carrier Corp
P.O. Box 81228
Lincoln, NE 68501

Kevin Pinneo
Crete Carrier Corp
402-479-2013

John Roseland
Beatrice Motor Freight
P.O. Box 29136
Lincoln, NE 68529

Wayne Tanderup
Seward Motor Freight
P.O. Box 126
Seward, NE 68434

Dean Aden, Manager
Brown Transfer
P.O. Box 158
Kearney, NE 68848

Brent Holliday, Manager
Nebraska Transport
P.O. Box 1646
Scottsbluff, NE 69363

J_ BLANK

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Appendix K _ ACTIVITY LOG

INCIDENT:
DATE:

SHIFT HOURS:
NAME & POSITION:

[illegible]

L_ RSS JOB DESCRIPTIONS

APPENDIX L

JOB DESCRIPTIONS

RECEIVING, STAGING & STORAGE SITE

L_ RSS JOB DESCRIPTIONS

RSS MANAGER

Demonstrate the ability to manage the HHSS Emergency Operations Center during a disaster.

- Sign in.
- Establish appropriate organization structure, and monitor the effectiveness of the HHSS RSS. Make changes as required.
- Exercise overall management responsibility for the coordination of the response efforts within the affected area. In conjunction with the General Staff, set priorities for support efforts and ensure that all agency sections are accomplished within the priorities established.
- Keep the ECC Operations Manager informed of activities.

Demonstrate the ability to provide information and coordination of Section Chiefs and support sections and coordinate activities in the HHSS RSS.

- Maintain updated RSS alert roster.
- Obtain briefing from the ECC Manager.
- Establish appropriate organization structure and assign personnel to warehouse positions.
- Set objectives with Section Chiefs.
- Check for status and phone #'s of any dispatched staff.
- Provide Situation Reports to the ECC Operations Chief as needed.
- Alert the ECC of any problems or needs that require their action.

Demonstrate the ability to establish the appropriate level of organization for the Response Section.

- Ensure the Section is set up properly and request any additional personnel, equipment, supplies and forms.
- Open an Operations Section Log to record all activities.
- Adopt a proactive attitude, thinking ahead and anticipating situations and problems before they occur.
- Prioritize the work to be accomplished based on established objectives.
- Coordinate all needs with the ECC Administration/Logistics/Finance and Planning Sections.

L_ RSS JOB DESCRIPTIONS

Demonstrate the ability to organize the RSS for the Strategic National Stockpile.

- ☐ Identify areas for the Push Package, Bulk storage, Receiving, Shipping, Staging, and repackaging.
- ☐ Provide office space for warehouse manager, inventory control and TARU.
- ☐ Apportion available product to sites based upon recommendations from the HHSS Emergency Coordination Center.
- ☐ Coordinate with warehouse owner/manager.
- ☐ Provide briefing to warehouse personnel on the situation.
- ☐ Ensure personnel have all the proper tools and supplies they need to perform their job.
- ☐ Ensure employees understand their work instructions.

L_ RSS JOB DESCRIPTIONS

RSS OPERATIONS ASSISTANT

Provide administrative/logistical support to the RSS Manager and all aspects of RSS operations.

- Sign in and report to RSS Operations Manager.
- Serve as initial point of contact for RSS site.
- Monitor internal/external communications of RSS site.
- Recall warehouse personnel.
- Determine work schedule/shifts.
- Track RSS personnel (incoming/outgoing) maintaining accountability of on site personnel.
- Communicate with ECC and applicable entities as needed.
- Coordinate with Supply/Equipment officer for the procurement of essential administrative supplies.
- Maintain communications log.
- Contact 2nd shift personnel/develop shift schedule for RSS site.
- Provide administrative support to RSS personnel as needed.
- Maintain current call list of volunteers and their contact numbers for repackaging/distribution activities.
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.
- Equipment needed:

L_ RSS JOB DESCRIPTIONS

PUBLIC INFORMATION UNIT:

The Public Information Officer will coordinate all releases of information with the Incident Manager.

Demonstrate the ability to produce emergency public information statements in whatever form is appropriate.

Verify the information disseminated is correct and accurate which may include signatures of sources.

Demonstrate the ability to respond according to Activation Checklist.

- Sign in and report to RSS Operations Manager.
- Receive operations briefing of current situation.
- Contact NEMA's Public Affairs personnel and advise of situation.
- Communicate emergency public information as deemed necessary in consultation with ECC and JIC through methods that could include new releases, public advisories, news conferences, web page updates, etc.
- Coordinate with PIO staff of ECC and applicable support agencies activated for release of information in a timely manner.
- Maintain file/documents of all press information released, monitor media, and compile clippings of all pertinent stories on disaster.
- Provide copies to applicable HHSS administrative entity.
- Make arrangements for news conferences and media availability.
- Coordinate with media who arrive on site to include credentialing, and provide information as necessary.
- Prepare and bring necessary equipment to RSS.
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.
- Equipment needed:

L_ RSS JOB DESCRIPTIONS

SAFETY OFFICER/DEPUTY RSS MANAGER

Ensure the safety and security needs of the RSS site.

- Sign in and report to RSS Operations Manager.
- Assume RSS Operation Manager's duties in his/her absence.
- Act as liaison between RSS and military/civilian security/law enforcement officials.
- Ensure physical security of RSS to include supplies and personnel.
- Identify issues regarding potential safety and security concerns and correct where applicable.
- Monitor RSS operations to ensure activities are conducted in a safe manner.
- Ensure RSS personnel are properly identified and credentialed.
- Perform duties of the RSS Manager in his/her absence.
- In the absence of military or civilian law enforcement entities providing site security, perform functions of Security Coordinator.
-
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.
- Equipment needed:

L_ RSS JOB DESCRIPTIONS

TEAM LEAD SUPERVISOR

Obtain needed material from the Strategic National Stockpile and coordinate distribution to local Hubs, or other sites as needed.

- Sign in and report to RSS Operations Manager.
 - Work with other RSS site Coordinators to assure orders for materials are met.
 - Receive distribution orders from the RSS Operations Manager.
 - Assure that the receipt, apportionment, and distribution of controlled substances gets properly documented on DEA Form 222.
 - Create pick lists and assign them to pickers.
 - Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.
 - Equipment needed:

L_ RSS JOB DESCRIPTIONS

INVENTORY CONTROL

- Load all receipt data into accounting records.
 - If you have an inventory database, follow the instructions to upload the pipe-delineated file of the Push Package contents. You will get this from the Stockpile TARU Logistics Lead.
 - If you do not have an inventory database, open the file in excel.
 - ◆ Go to File/Open, then select A: drive and look for text files.
 - ◆ When you open the file, the text import wizard will appear.
 - Step 1—Choose “Delimited” under the “Original data type” and click next.
 - Step 2—Click on “Other” in the delimiters (unclick any others) and enter | (the button just below the backspace). Then click “Next.”
 - Step 3—Click on “Finish.”
 - ◆ Click Ctrl-A to select all.
 - Go to Format, Columns, and select Autofit Selection. (This will allow you to read all the information in each column.)
 - Go to Data, and select Sort. Sort by column A. (This will eliminate all the extra spaces.)
 - Insert a new row on the top line and title the columns
 - | Column | Title |
|--------|--------------------------------------|
| A | Container # |
| B | Seal # |
| C | Locator (this column can be deleted) |
| D | Item # |
| E | Description |
| F | Qty |
| G | Unit of Measure |
| H | No longer used (Delete column) |
| I | Case pack (qty per case) |
| J | Lot # |
| K | Expiration date |
| L | Item type |
 - All other receipts will have to be added manually.
- Subtract quantities of product that have been shipped.
 - Provide current status of all products.
 - Select items to spot inventory, as time permits, to validate inventory records.

L_ RSS JOB DESCRIPTIONS

RSS TACTICAL COMMUNICATIONS UNIT:

Demonstrate the ability to coordinate all communications functions at the HHSS Emergency Coordination Center and the RSS Site (where applicable.)

Prior to activation of RSS:

- Sign in and report to RSS Manager.
- Identify communications links (phone lines etc.) within RSS site.
- Identify software/hardware requirements for RSS.
- Maintain communications equipment and related components.

Demonstrate the ability to ensure communications are established as directed in the Action Plan.

- Obtain a briefing on the situation.
- Establish and check communications among the HHSS ECC, SEOC and RSS site.
- Dispatch team members to trouble shoot any communication problems that arise to keep communications smoothly flowing for the duration of operations.
- Work with the SNS Program TARU to integrate its members into the communication system.
- Update RSS manager periodically of communications status.
- Need at least two (2) people at ECC, SEOC and RSS for the first 24 hours. (Bare minimum one (1) at each site, maximum eighteen (18) people. Minimum twelve (12) if three sites)
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.

L_ RSS JOB DESCRIPTIONS

SECURITY COORDINATOR

NOTE: Security Coordinator position will be fulfilled by military personnel where applicable. In the event the RSS is not located on a military installation, security coordination responsibilities will be performed by the Safety Officer.

- Sign in and report to RSS Manager.
- Provide for the overall security of HHSS employees, equipment, and SNS.
- Establish secure area for the establishment of SNS.
- Ensure controlled access to RSS area by authorized personnel.
- Coordinate with state, federal, and local law enforcement where applicable to ensure safety and security of personnel and SNS.
- Coordinate with HHSS Safety Officer regarding safety and security issues.
- Brief HHSS personnel on any security or threat issues.
- Provide additional personnel support for storage site and/or transportation security as needed.
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.

RECEIVING/SHIPPING LEAD

Demonstrate the ability to manage the reception and unloading of the SNS.

- Sign in and report to Team Lead Supervisor.
- Ensure trailer is chocked prior to entry of any personnel.
- Coordinate the unloading of the SNS from trucks.
- Ensure all incoming stock is inspected for quality and quantity.
- Store the material in a manner consistent with CDC recommendations.
- Ensure that Inventory Control is informed of all received stock and its condition.
- Sign Bill of Lading from delivery trucks. Annotate discrepancies as required.
- Assist in unloading, inspecting, and storage of stock.
- Coordinate with the Distribution Coordinator Staff in preparing the material for transport.
- Assess equipment/personnel needs to fulfill task requirements.
- Notify day-to-day supervisor of the activation of the HHSS Emergency Response Plan.
- Equipment needed:

Demonstrate the ability to manage the shipping of SNS materials.

- Ensure trailer is chocked (trailer wheels blocked) prior to entry of any personnel. Notify carriers of transportation requirements.
- Fill out Bills of Lading (BOLs) for all shipments.
 - Write in the shipping address and point of contact, with a telephone number.
 - Write in units as “pallets” and in the quantity field, enter the number of pallets.
 - The description should be, “Medical Supplies.”
 - Estimate weights, unless you have a scale.
 - In the comments section, write that you want a call from the POC upon receipt.
- When notified that an order is ready to ship, and the carrier for that shipment has arrived, move the product to the truck.
 - Verify that all of the pallets for the order are accounted for.
 - Reverse load multiple shipments on the truck so that the 1st one to be delivered in the last loaded.
 - Balance the load on the truck to keep the pallets from shifting during transport.
- Get an estimated time of delivery from the driver and have the driver sign the BOL after the truck is loaded.

L_ RSS JOB DESCRIPTIONS

- Provide the driver with the original BOL and the pick list and keep a copy of the BOL for your records.
- Place this BOL in a pending delivery file.
- Call the delivery point after the estimated time of delivery has passed to confirm receipt of the order.
- Once receipt is confirmed, annotate the BOL as complete and file it in the completed file.

L_ RSS JOB DESCRIPTIONS

RECEIVING/SHIPPING ASSISTANT

- Sign in and report to Receiving/Shipping Lead.
- Ensure trailer is chocked prior to entry of any personnel.
- Offload trailers with forklift (if qualified and approved by supervisor) or pallet jack into the receiving area.
- Inspect material for quality and quantity after the entire trailer has been offloaded.
 - If a carton looks damaged, open the carton to see if material is damaged.
 - Fill out receiving report and identify any discrepancies in quantity and quality.
 - Validate your counts with the shipping manifest and Bill of Lading (BOL).
 - ◆ The driver has the BOL and may have the manifest. Otherwise, the manifest should be located on the lead container.
- Move product to the designated storage area.
 - Identify the location where the product was placed on the receiving report.
 - If bulk storage is being used, mark the pallet with a pallet ID and write this on the receiving report.
 - Push Package containers do not require a detailed receiving report. Simply write each container number received, per trailer, on the report.
- Sign the receiving report and turn it in to Inventory Control.
- Assume the role of shipping lead when the assigned lead is not present.
- Assist other areas, as needed.
-

L_ RSS JOB DESCRIPTIONS

PICKER TEAM DUTIES

- Teams of three people; Picker, Recorder and Stacker. These positions should be rotated among the three.
- Obtain pick list from picking lead.
- Go to the location indicated on the pick list.
 - If you are sent to an unopened container, break the seals with a quick snap or with scissors/knife.
 - Pull the locking bars toward the center of the container. Use the strap to lift up and out from the bottom.
 - Remove the packing list and container layout from the front pocket and place them in the container.
 - Slide the container door to the lean on the right side of the container.
- Select the required product.
 - Picker
 - The pick list will provide you with the item number and description of the product.
 - If you don't see the product immediately, refer to the container layout to find where it is located.
 - Check each carton to ensure you pick the right item (many look alike) and to see the lot number. Tell the recorder the lots and expiration dates of the product selected.
 - Recorder
 - Tell the person picking the product needed and the quantity.
 - Annotate the lot number and expiration date for every product selected on the pick sheet.
 - When all pallets are picked for the order, label each pallet with its destination and assign a pallet number, (1 of 1, 1 of 3, 2 of 3...).
 - Verify that everything on the pick list is on a pallet for the order.
 - Leave the pick sheet with the order let quality assurance know that the order is complete.
 - Stacker
 - Stack the pallet with the largest/heaviest cases on the base and work up. Restack, as needed. Do not let product hang over the edge of the pallet and do not stack more than 4' high.
 - If the pallet is full and more picks are required, move the pallet to the appropriate staging area and start again with another pallet.
 - Label multiple pallets for one order like; 1 of 3, 2 of 3, 3 of 3.

L_ RSS JOB DESCRIPTIONS

QUALITY CONTROL LEAD

- Ensure that all pallets are validated for each order.
 - The packing list is with the pallet(s).
 - Correct Quantity
 - Cases are in good condition and properly stacked.
 - Pallet labeling is correct (pallet numbers for multiple pallet orders).
- Correct any discrepancies on the pick list, if needed.
 - If the pallet is short, check with the pickers and inventory control to see if they want to fill the shortage, or ship as-is.
- Sign the pick list as being inspected by quality assurance.
- Wrap the cases to the pallet with stretch film, tight enough to avoid shifting during movement on the truck.
- Make a copy of the pick list and attach it to the lead pallet (pallet 1) of the order and let shipping know that it is complete.
- Provide the original pick list to inventory control.

APPENDIX M

Administrative GO-Kit Contents

The group discussed the items that could be included in the “Go” kit. There are three areas of the POD/POV or DAV’s that were identified (interview area, screening and checkout). Supplies for each area could be color-coded.

Items suggested for the **Administrative** GO-Kit include:

Pens (30)	<u>Package of Forms</u>
Markers (3 – Black, Red, Blue)	-OMMRS Reference card
Clipboards (10)	-OMMRS EMS card
Forms	-CDC Reference Disk for Drug Labels
Stapler (2)	-Job Descriptions for DAV’s
Staples (1 box)	-Patient screening form
Labels (Avery 5160, 20)	-Vaccination log form
Tape, masking (1 roll)	-Drug Receipt form
Tape, industrial duct	- Supply Receipt form
(referred to as 100 mph tape – Olive drab	-MEDWatch ADR Form
color preferred)	-Site Map for set-up (site specific)
ID badges	-Site description (site specific)
Tac’s (1 box)	-Vaccine administration guideline
Extension cords, 20 ft. (1)	-Vaccine administration guideline
Calculator (2)	
Dry Erase status board (min. 3 X 4 ft) hangable	
Batteries (10 AA, 10 AAA, 10 D)	Orange (or colored) Vests (18)
Flashlights with batteries (4-6)	Emergency cones (10-15)
Safety flashlight	Hard hats (6-8)
Scissors (2)	Lamination paper (8 ½ X 11 – Stand size)
Tote ties (50)	Tape measure (100 ft) or suitable range
Notebook paper (2)	finder)
Heavy-duty extension cords (4@ 50’, 4@ 100’)	Electricity bar
Ziplock Baggies (25)	Garbage bags (Contractor heavy)
Screwdriver pen: Phillips/standard combination (1)	

Estimated cost: \$624/kit

Administrative GO-Kit available at every hub/sub-hub and/or site.

Items for the **Administrative** GO-Kit “**Business Supplies**”

Band-aids	While You Were Out Pads
Black clips (Small, Medium and Large)	White notepad paper
Computer disks (Floppies)	White out
File folders (Standard & Accordion)	Surger controls
Highlighters	
Mailing tape	
Paper clips	<u>Access to:</u>
Paper towels	Computers
Pencils (#2 sharpened)	Copiers
Post-its (Small, Medium)	Phones
Post-it Markers Tags	Typewriter
Post-it Signature Tags	

Scotch tape holder

Items suggested for the **Medical GO-Kit** include:

Medical Kit items:

Gloves, latex and powder free (1 box)

Mask (10)

Sharps container (1 small)

Filter needles (10)

Syringes (10, 5 mL; 5, 1mL)

Band-Aids (10)

Alcohol wipes (1 box)

BP cuff (1)

Paper tape (1 roll)

Biohazard bags (5 gal X 5)

Medications: (epinephrine 1:1,000 X 2 amps;

---diphenhydramine 50mg/mL, 2mL X 2 vials)

Waterless Hand Antibacterial (1)

Tubex injector (1)

Estimated cost: \$80/kit

Medical GO-Kit will be available on site at RSS and ECC sites.

Appendix N

Personal GO Kit

The purpose of a “Go Bag” is to have ready those personal items needed for **2-3 days** away from home in the event an emergency exists requiring activation of the Strategic National Stockpiles Receiving, Staging, and Storage Site (RSS). Individuals assigned to the RSS should, at a minimum, prepared to deploy to the RSS site within a very short time. Having some items pre-packed and organized will ensure prompt response to events when needed.

The following is a basic list of items to include in a Go Bag. It’s important to remember that the RSS environment will require relaxed attire appropriate for your job duties and weather. Additionally, items should be packed in a single soft sided, duffel type bag to help conserve space.

- 1. Comfortable shoes**
- 2. Socks**
- 3. Undergarments**
- 4. Jeans**
- 5. Shirts**
- 6. Coat/jacket, gloves (weather dependant)**
- 7. Personal care items (deodorant, toothpaste, etc.)**
- 8. Glasses/contact lenses**
- 9. Prescriptions (suggest one week’s worth)**
- 10. Identification**
- 11. Some \$ for incidentals if needed.**
- 12. Flashlight (preferably small, AA battery size)**
- 13. Pocket Knife**
- 14. Pen and small note pad**

It is important to either pack some of these items (providing you have extras) or keep this list of items handy to aid in packing those essential items quickly. Additionally, personal cell phones may be brought however, their use may be restricted by the Operations Manager as the situation dictates.

Other “Housekeeping” issues to keep in mind and to develop a plan for are:

- 1. Who may be able to watch/care for my children while I’m away?**
- 2. Do I have pets that need to be cared for in my absence?**
- 3. Do I have appointments or personal activities, which need to be cancelled/postponed?**
- 4. Do I have a list of essential phone numbers of relatives/friends to notify of my situation?**

Strategic National Stockpile Program

Vendor Managed Inventory

Description	UOM	Unit Pack
Pharmaceuticals		
Albuterol metered dose inhaler, 17gm, 72's	CS	72/CS
Amoxicillin 400mg/5cc, oral suspension	CS	72/CS
Amoxicillin 500mg oral capsule unit of use #30 cap bottle (40/cs)	CS	40
Amoxicillin 500mg oral capsule unit of use #30 cap bottle (480/cs)	CS	480
Amoxicillin 500mg oral capsule unit of use #30 cap bottle (80/cs)	CS	80
Amoxicillin 500mg oral capsule unit of use #30 cap bottle (indv. bt)	BT	1
Amoxicillin 500mg oral capsules #500 cap bottle (indv. bottle)	BT	1
Amoxicillin 500mg oral capsules #500 cap bottle 36's	CS	36
Amphotericin B, Injection 50 mg vial	PG	10/PG
Atropine 0.4mg/ml x 20ml soln. for inj., multi-dose vial, 100's	CS	100/CS
Bacitracin Ointment 30 gm	CS	144/CS
Bacitracin 500u/gm Ophth 1/8 oz	CS	144
Calcium DTPA IV Ampules 1 gm/5cc	BX	5/BX
Ciprofloxacin 250mg/5ml oral suspension, powder, 100ml bottle, (Each)	EA	1
Ciprofloxacin 250mg/5ml oral suspension, powder, 100ml bottle, 24's	CS	24/CS
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle	EA	1
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle (100/cs)	CS	100
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle (400/cs)	CS	400
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle (720/cs)	CS	720
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle (indv. bottle)	BT	1
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle(indv. bottle)	BT	1
Ciprofloxacin 500mg oral tablet, 100# tablet bottle (indv. bottle)	BT	1
Ciprofloxacin 500mg oral tablet, 100# tablet bottle 144's	CS	144
Ciprofloxacin 500mg oral tablet, 100# tablet bottle, Indv Bt	BT	1
Ciprofloxacin 500mg oral tablet, unit dose #100 tablet box	CS	144
Ciprofloxacin 500mg oral tablet, unit dose #100 tablet box (indv. box)	BX	1
Ciprofloxacin soln. for inj., 400mg in D5W 200ml flexi-bag, 24's	CS	24/CS
Diazepam soln. for inj., 5mg/ml x 2ml auto-injector, (Ea)	EA	1
Diazepam soln. for inj., 5mg/ml x 2ml auto-injector, 150's	CS	150/CS
Diazepam soln. for inj., 5mg/ml, x 10ml multi-dose vial, 25's	BX	25/BX
Dopamine soln. for inj., 400mg (40mg/ml x 10ml) vial, 25's	PG	25
Dopamine soln. for inj., 400mg (40mg/ml x 10ml) vial, 50's	BX	50/CS
Doxy suspended (Vibramycin) 50mg/5ml syrup 473ml, 6's	CS	6/CS
Doxycycline 100mg oral tablet #20 tab unit of use (100/cs)	CS	100
Doxycycline 100mg oral tablet #20 tab unit of use (400/cs)	CS	400
Doxycycline 100mg oral tablet #20 tab unit of use (48/cs)	CS	48
Doxycycline 100mg oral tablet #20 tab unit of use (720/cs)	CS	720
Doxycycline 100mg oral tablet #20 tab unit of use (indv. bottle)	BT	1
Doxycycline 100mg oral tablet #20 tab unit of use (indv. bottle)	EA	1
Doxycycline 100mg oral tablet #50 tab unit of use (720/cs)	CS	720
Doxycycline 100mg oral tablet #50 tab unit of use (indv. bottle)	BT	1
Doxycycline 100mg oral tablet, #500 tab bottle (indv. bottles)	EA	1
Doxycycline 100mg oral tablet, #500 tab bottle 24's	CS	24
Doxycycline 100mg oral tablet, unit dose, #100 tab box (indv. box)	EA	1/EA
Doxycycline 100mg powder vial for injection (indv. bottle)	BT	1/EA

Doxycycline 100mg powder vial for injection, 100's	CS	100/CS
Doxycycline 100mg/20ml vial for inj., 10's	VI	1
Doxycycline 25mg/5ml oral suspension, powder, 60ml bottle, 48's	CS	48/CS
Doxycycline Hyclate 100mg, 100's	BX	100
Epinephrine soln., 0.15mg auto-injector (1:2000), 12's	BX	12/BX
Fluorescein Dye Strips	BX	100/BX
Gentamicin soln. for inj., 40mg 4x25-2ML, 100's	CS	100/CS
Gentamicin soln. for inj., 40mg/ml x 20ml multi-dose vial(indv. bottle)	EA	1/EA
Gentamicin soln. for inj., 40mg/ml x 20ml multi-dose vial, 100's	CS	100/CS
Kytril (radiology)(Granisetron) 1mg/ml	CS	144
Kytril (radiology)(Granisetron) 1mg/ml	EA	1
Lidocaine 1% with epinephrine	PG	25/PG
Lidocaine 1% without epinephrine, 30 ml	PG	25/PG
Mark 1 (600mg pralidoxime/2mg atropine) auto-injector, (Each)	EA	1
Midazolam (Versed) 5mg/5ml vials 10's	PG	10
Midazolam (Versed) 5mg/5ml vials 480's	CS	480
Morphine Sulfate 10mg /ml (1ml), 25G needle, Carpuject, (EACH)	EA	1
Morphine Sulfate 10mg /ml (1ml), 25G needle, Carpuject, 1000's	CS	1,000/CS
Morphine Sulfate, inj, 5x10-30ml	CS	50/CS
Neupogen (Filgrastim), 300MCG/ML, 1ML solution for injection	PG	10
Oxycodone/Acetaminophen (Percocet) 5mg/325mg #500 tabs	BT	1
Oxycodone/Acetaminophen (Percocet) 5mg/325mg #500 tabs	CS	6
Promethazine Hydrochloride (Phenergan) Inj. 25mg/ml multi-dose vial	CS	1000
Polymixin/bacitracin antibiotic ointment, 0.9gm packet, 1728's	CS	1728/CS
Potassium Chloride (KCL)- Potassium Replacement- 2 mEq/ml in 20 ml	PG	25/PG
Potassium Iodine (KI)	EA	14
Potassium Iodine (KI), 23800's	CS	23800/cs
Potassium IodineTablets-KI, (Each)	EA	14
Potassium IodineTablets-KI, 21,000's	CS	21,000/CS
Pralidoxime 1 gm powder vial for injection (indv. units)	EA	1/EA
Pralidoxime 1gm powder vial for injection,	CS	276/CS
Probenecid 500mg oral tablets #100 tab bottle	BT	1/EA
Promethazine/Phenergan Hydrochloride Inj. (Radiology) 25mg/ml multi-dose vials	CS	1000
Prussian Blue 500 mg, 30 capsules/bottle	BT	1/EA
Rifampin 600mg/vial for injection	VI	1
Silvadene Cream 1% (Silver Sulfadiazine)	CS	6
Silvadene Cream 1% (Silver Sulfadiazine), Indv units	EA	1
Vecuronium bromide 10 mg vial	CS	100/CS
Vancomycin, 1gm Vials	CS	50/CS
Vistide (cidofovir) 375mg, 75mg/ml	EA	1/EA
Zinc DTPA IV Ampules 1 gm	BX	5/BX

Hydration/IV Fluids

D5 1/2 NS Solution IV, 1000 ml	CS	12/CS
Lactated Ringers Solution, IV, 1000 ml	CS	12/CS
Sodium Chloride 0.9% (irrigation), 9's	CS	9/CS
Sodium Chloride 0.9% 3ml Carpuject (IV Flush, Preservative Free) 25's	PG	25
Sodium Chloride 0.9% 3ml Carpuject (IV Flush, Preservative Free), 300's	CS	300/CS
Sodium Chloride for inj., 0.9%, 1000ml flexi-bag, 12's	CS	12/CS
Sodium Chloride for inj., 0.9%, 100ml flexi-bag, 96's	CS	96/CS
Sterile water for injection 20ml, 100's	CS	100
Sterile water for injection, preservative free, 10ml vial, 400's	CS	400/CS

Medical/Surgical Supplies

Abdominal pad, 360's	CS	360/CS
Abdominal pad, sterile, 8"x 10", 320's	CS	320/CS
Bandage, Conforming Gauze	CS	96/CS
Gauze dressing, 4x4, Sterile Sponge, 1200's	CS	1,200/CS
Gauze dressing, sterile, (sponge) 4"x 4", 1200's	CS	1,200/CS
Gloves, large, non-sterile, powder-free, non-latex, 1000's	CS	1,000/CS
Gloves, medium, non-sterile, powder free, non-latex, 1000's	CS	1,000/CS
Isopropyl alcohol pads, 70%, 1 1/4" x 2 1/2", 3000's	CS	3,000/CS
IV Intermittent injection site, long, with Luer-Lok, 200's	CS	200/CS
IV administration set, 10 drop/ml, unvented, 48's	CS	48/CS
IV administration set, 10 drop/ml, vented, 48's	CS	48/CS
IV administration set, 60 drop/ml, unvented, 48's	CS	48/CS
IV administration set, 60 drop/ml, vented, 48's	CS	48/CS
IV catheter/needle, 18G x 1 1/4", 200's	CS	200/CS
IV catheter/needle, 18G x 2", 200's	CS	200/CS
IV catheter/needle, 20G x 1 1/4", 200's	CS	200/CS
IV catheter/needle, 24G x 5/8", 200's	CS	200/CS
IV site transparent dressing 2 3/8"x2 3/4", 600's	CS	600/CS
IV site transparent dressing, 2" x 3", 400's	CS	400/CS
IV site transparent dressing, 2"x3", 400's	CS	400/CS
Mask, Particulate Respirator/Surgical Mask, N95, 3M	CS	120
Mask, Particulate Respirator/Surgical Mask, N95, Regular	CS	210
Mask, Particulate Respirator/Surgical Mask, N95, SAS	CS	120
Mask, Particulate Respirator/Surgical Mask, N95, Small	CS	210
Povidone Iodine swabsticks, 10%, triple paks, 750's	CS	750/CS
Staples, surgical	CS	6/CS
Stapler, skin, disposable	BX	6/BX
Sterile Laceration Kit	CS	20/CS
Suture, 4-0 Monosof 18" black, indiv box	BX	1
Sutures 4-0 Polysorb 30"	CS	36
Sutures 4-0 Polysorb 30", Indv box	BX	1
Sutures 5-0 Monosof 18" black	CS	36
Sutures 5-0 Monosof 18" black, indiv box	BX	1
Sutures 5-0 Polysorb 18"	BX	1
Sutures 5-0 Polysorb 18"	CS	36
Sutures 6-0 Monosof 18" black	BX	1
Sutures 6-0 Monosof 18" black	CS	36
Syringe 10cc/ml	CS	600/CS
Syringe, oral dosing, calibrated 10ml, 500's	CS	500/CS
Tape, Broselow, Pediatric Emergency	PG	5
Tape, cloth, 1" x 10 yd, roll (Durapore or equivalent), 120's	CS	120/CS
Tape, paper tape 2"x 10 yds, 48's	CS	48/CS
Tourniquet, latex-free, 3/4" x 18", 1000's	CS	1,000/CS

Airway Management

Aero Chamber Plus	CS	10
Aspirator	EA	1/EA
Aspirator portable w/internal	EA	1/EA
CO2 detector , Easy cap II (use with MPR), 24's	CS	24/CS
Catheter, Suction, 8 FR	CS	200
Breathing Filter W/22M and 22F Connector (ventilator)	CS	50/CS
Dispensing Circuits, Adult (10)	CS	10
Dispensing Circuits, PED (10)	CS	10
Elbow Adapter for O2 Bleed-in	EA	1
Endotracheal Stylette, 14 FR	CS	20
Endotracheal tube 26 ch/fr, 12's	CS	12/CS
Endotracheal tube 30 ch/fr, 12's	CS	12/CS
Endotracheal tube guide (Stylet), 10FR, (adult), (Each)	EA	1
Endotracheal tube guide (Stylet), 10FR, (adult), 200's	CS	200/CS
Endotracheal tube guide (Stylet), 6Fr, (infant, pediatric) (indv. box)	BX	10/BX
Endotracheal tube guide (Stylet), 6Fr, (infant, pediatric), 200's	CS	200/CS
Endotracheal tube guide (Stylet), 8Fr (pediatric) (indv. boxes)	BX	10/BX
Endotracheal tube guide (Stylet), 8Fr (pediatric), 200's	BX	200/CS
Endotracheal tube, 3mm ID, uncuffed, (infant), 10's	BX	10/BX
Endotracheal tube, 4mm ID, uncuffed, (infant), 10's	BX	10/BX
Endotracheal tube, 5mm ID, uncuffed, (pediatric), 10's	BX	10/BX
Endotracheal tube, 6mm ID, cuffed (pediatric, small adult), (Each)	EA	1
Endotracheal tube, 6mm ID, cuffed (pediatric, small adult), 10's	BX	10/BX
Endotracheal tube, 7mm ID, cuffed (adult), 10's	BX	10/BX
Endotracheal tube, 8mm ID, cuffed (adult), 10's	BX	10/BX
Inlet Filter Assy	CS	3
Laryngoscope, Miller Size 1	CS	20
Laryngoscope, Miller Size 2	CS	20
Manual pulmonary resuscitator (MPR), Infant, with bag, mask, valve, 12's	CS	12/CS
Manual pulmonary resuscitator (MPR), adult, with bag, mask, valve, 12's	CS	12/CS
Manual pulmonary resuscitator (MPR), pediatric, with bag, mask, valve, 12's	CS	12/CS
Nasal Cannula-Infant w/7" no crush tube	CS	200
Nasal Cannula-Pediatric w/7" no crush tube	CS	200
Nasal cannula, with tubing, adult, 50's	CS	50/CS
Nasogastric tube, adult, 14Fr., 50's	CS	50/CS
Nasogastric tube, adult, 16Fr., 50's	CS	50/CS
Nasogastric tube, pediatric, 10Fr., 50's	CS	50/CS
Oropharyngeal airway, Berman, 100mm (adult), 12's	BX	12/BX
Oropharyngeal airway, Berman, 40mm (infant), 12's	CS	12/CS
Oropharyngeal airway, Berman, 60mm, (pediatric), 12's	CS	12/CS
Oropharyngeal airway, Berman, 80mm, (Adult), 12's	BX	12/CS
Oropharyngeal airway, Berman, 90mm, (adult), 12's	BX	12/CS
Oxygen Enrichment Kit	KT	1
Oxygen mask, non-rebreather, adult, 50's	CS	50/CS
Oxygen mask, non-rebreather, pediatric, 50's	CS	50/CS
Oxygen mask, non-rebreather, newborn, 50's	CS	50/CS
Oxygen tubing, 7 ft., 50's	CS	50/CS
Salem Sump Tube 6Fr	CS	10
Salem Sump Tube 8Fr	CS	10
Suction Catheter, 10 FR	CS	200
Suction Catheter, 14fr, 50's	CS	50/CS

Suction Catheter, 18fr, 50's	CS	50/CS
Suction Unit	CS	1/EA
Suction canister, disp. collection unit-stem inlet, 48's	CS	48/CS
Suction catheter 14 fr, 50's	CS	50/CS
Suction catheter 14Fr, sterile, flexible, with control valve, 50's	CS	50/CS
Suction, Yankauer, 50's	CS	50/CS
Suction, Yankauer, with control vent, 50's	CS	50/CS
Suction, connecting tubing 1/4"x120", 50's	CS	50/CS
Suction, connecting tubing 3/16"x72", 50's	CS	50/CS
Suction, connecting tubing, 50's	CS	50/CS
Tubing, Oxygen, Green bubble w/bubble every 1/8 x 100	EA	1/EA
Ventilator, IMPACT 754 (www.impactinstrumentation.com)	EA	1/EA
Ventilator, Puritan Bennett LP10 (www.puritanbennett.com)	EA	1/EA
Ventilator w/Pressure Plateau	EA	1/EA

Repackaging Equipment/Supplies

Label-Avery Name Badge, 2000's	CS	2000/CS
Pill Counter	EA	1
Prescription dispensing bag, plastic, 3" x 5", zipper seal, 10,000's	CS	10,000/CS
Prescription dispensing bag, plastic, 3" x 5", zipper seal, 2ML, 20,000's	CS	10,000/CS
Reconstitution Device	CS	400
Volumetric Devices	EA	1/EA

Storage

VaxiCool, Model# VXC-2, temperature control device	CO	1/EA
VaxiPac, temperature control device	EA	1/EA
VaxiSafe	EA	1

P_PAPER INVENTORY BACKUP

Strategic National Stockpile MEDICATION TRACKING FORM

Order Number _____

1. Form Initiated			
Date:	Time:	Name:	
2. Medications Approved by (NE HHSS ECC staff member)			
Name		Telephone Number	
3. Original Medications Requester			
Name		Agency	
4. Shipped From:		(Activity/City/County)	
5. Shipped to:		(Activity/City/County)	
6. Type of Medication or Equipment (Itemize)			
Description:			Qty Shipped:
7. Pharmacist Authorizing Shipment			
Printed Name:		Signature:	
8. Time/Date (Shipment was dispatched):			
9. Drivers			
Printed Name		Signature:	
Printed Name		Signature:	
10. Delivery Vehicle Identification			
License Plate Number:		Make/model/year:	
11. Delivery Destination		(Activity/City/County)	
12. Delivery (Date)		(Time)	
13. Receipt of Shipment			
Description:			Qty Received:
Rec'd by: Name:	Title:	Agency:	Telephone:
14. Form Returned to Transportation Supervisor:			
Date:	Time:	Name:	

DRUG TRANSFER FORM AND TRACKING DOCUMENT

DATE: _____

PRODUCT DESTINATION: _____

DRUG NAME/STRENGTH	QTY	LOT #	EXP DATE	CHECKED BY (2)	TRANSPORTED BY (Company)	TRANSPORTER Name & Signature	RECEIVED BY Name & Signature
				/		Printed Name	Printed Name
						Signature	Signature
				/		Printed Name	Printed Name
						Signature	Signature
				/		Printed Name	Printed Name
						Signature	Signature
				/		Printed Name	Printed Name
						Signature	Signature
				/		Printed Name	Printed Name
						Signature	Signature
				/		Printed Name	Printed Name
						Signature	Signature

P_PAPER INVENTORY BACKUP

Drug Trans-Tracking (7-03)

Page ____ of ____

BIOMEDICAL/MEDICAL SERVICES TRANSFER FORM AND TRACKING DOCUMENT

DATE: _____

PRODUCT DESTINATION: _____

PRODUCT	QTY	LOT #	EXP DATE	CHECKED BY (2)	TRANSPORTED BY (Company)	TRANSPORTER Name & Signature	RECEIVED BY Name & Signature
						Printed Name	Printed Name
						Signature	Signature
						Printed Name	Printed Name
						Signature	Signature
						Printed Name	Printed Name
						Signature	Signature
						Printed Name	Printed Name
						Signature	Signature
						Printed Name	Printed Name
						Signature	Signature

Biomedical/Medical Supplies Trans-Tracking (7-03)

Page ____ of ____

P_PAPER INVENTORY BACKUP
NEHHSS CONTROLLED SUBSTANCE CHAIN OF RESPONSIBILITY

Signing In (Accepting Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

Signing out (Handing Over Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

Signing In (Accepting Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

Signing out (Handing Over Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

Signing In (Accepting Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

Signing out (Handing Over Responsibility)

Drug and Quantity

Name: _____

Date _____

Time: _____

NEHHSSConSubChainofResp (07-03)

RSS WAREHOUSE WORKFLOW

